OF DEATH 2 REG. NO. 2 4 3 0 9
76. DATE KNOWN AMONTH DAY YEAR 25. HOUR OF ESTI- 9 28 82 435 M
ER 24 HRS. 21. DATE PRONOUNCED PRONOUNCED PEAD PRONOUNCED PEAD PRONOUNCED PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE
RRIED Prince George's MD.
12b. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
9120 Dixon Drive
oinette UNK
tte Brasso Silver Spring Md
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A KEY A KEY
PART 1 (a). 20. AUTOPSY?
RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
CITY OR TOWN COUNTY STATE
Inquiry , ond in my opinion Undetermined manner , MEDICAL EXAMINER DATE SIGNED 9 - 28 - 8
d, #4, Bladensburg, Md. 20710
y Suitland PG Md
T 6 1982 John Lahrer

1 - STATE item 1,5,6 #G572 10/27 PERAREMENT OF HEALTH AND MENTAL HYGIENE

AKA James

STATE OF MARYLAND

CERTIFICATE OF DEATH

CARPENTER

REG NO

09-06-82

IF UNDER LYEAR

2b HOUR

12h KIND OF BUSINESS OR

JEW HRS

NO F

COUNTY

10:30PN

2a. DATE OF DEATH MONTH

item 8 #G571 9/29/82 ph

JAMEC

REGISTRAR

DECEASED NAME

TYPE OR PRINTS

DHMH - 16 50M 1781 (VRA 15, 4)

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THE SAC OR LUMRNOWN LET YES, ONE WARD OR DATES) 577 10 0533 Rosalee M. Dethloff (13e)	14. F.	ATHER'S NAM 1110tt	. Q	MIDDLE Uinn	Garn	ër		Lill	ian	IAME	Ma	DLE Y		Co	LAST K	
PART I DEATH WAS CAUSED BY: MMODIATE CAUSE (o) Myocardial Infarction	160 \	WAS DECEASE (ES, NO, OR UNKNO NO	D EVER IN U.S. AR/							. De				e)		
19th Date of Operation 19th Condition for which operation was performed? 21D autopsy? YES NO		Candition gave ri cause (a	ins, if any, which ise to immediate) stating the <u>under-</u>	DUE TO, C	r as a consi yperte r as a consi	equence o	F F	,						311	ver order	200 00200
DEDUCTIVING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK AT WORK 22a I certify that I taok charge of the remains described above, held an Autopsy Inspection of the death resulted fram: Natural causes Accident Signature ACTUAL SIGNATURE EXAMINER'S NAME SAID A. DAEE, M.D. ADDRESS 211. LOCATION STREET CITY OR TOWN COUNTY STATE Autopsy Inspection In	NO	PART 2 DTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMIN	AL DISEASE	DR CONDITION	GIVEN IN PART 1 (a).						
UNDERLYING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 220 Certify that I took charge of the remains described above, held an Autopsy I, Inspection I, Inquiry I, and in my opinion death resulted fram: Natural causes X. Accident I, Suicide I, Hamicide I, Undetermined manner I, ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE SAID A. DAEE, M.D. EXAMINER'S NAME SAID A. DAEE, M.D. ADDRESS	LIFICATI	19a DATE OF	OPERATION	19b COND	ITION FOR WI	HICH OPERA	TION W	AS PERFORM	NED?							
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236 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION	7	(TYPE OR PR	NT)							3d. LOCAT						
24 FUNERAL DIRECTOR 250. DAY REGISTRAR 250. REGISTRAR'S SIGNATURE		200	~ /	age. "	0	VV	MCK	1 Com	my	1016	coul	2010	U .7	· A		

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STATES I. CAULK Penale Make May 8, 1906 76 Mashington D.C. C.S.A. Haryland 7017 96th Avenue Supervisor Insurance .W.s.ington : 43 Whittier St. R.W. Elifore Curne Carner william 'avy Con 577 10 0533 Posslee M. Dethloff (13e) no kaussasavil Conceptive Heart Pathure

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST EIRST 20. DATE OF DEATH 2h HOUR TYPE OR PRINTS HARRY W. CHANDI FR 09-20-82 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH Male Black Nov. 21, 1894 87 To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Florida USA PRINCE GEORGE'S WIDOWED DIVORCED T IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY Dentist USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Forestvil Maryland 6604 Evanston Street 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Chandler Henry Onley Annie M. Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Mrs. Edith Boggs-daughter-6604 Evans-TYES NO OR UNKNOWN 60 8868 ton, Street, Forestville, Maryland no 18 CAUSE OF DEATH (Enter only one couse per line (a) (b), and (c) PART I. DEATH WAS CAUSED BY gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) Nol-DIVISION OF VITAL RECORDS, ema 1%: CONDITION FOR WHICH OPERATION WAS PERFORMED The AUTOPSYT 70h IF YES, WERE FINDINGS LISED. IN CERTIFYING CAUSES OF DEATH NO TO TIE ACCIDENT WAS UNDERLYING: [7] 21): TIME OF INJURY THE HOW INJURY OCCURRED. (ENTER NATURE OF PRIME IN TERM IN TART) OR FART IS 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [] CAUSE OF DEATH OF EITHER, NOTHY MEDICAL EXAMINER. P.M 214 INJURY OCCURRED TH LOCATION Zie. PLACE OF INJURY CITY OF YOWN COUNTY AT HOME STREET PACTORS OFFICE SARRIETS I 22s.1 certify that (I) (this hospital) attended the deceased from by lour point death agetred in the date and have and from the covers stated 77b. SIGNATUR DEGREE 77r DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN V 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22# ADDRESS should b 23a. BURIAL, CREMATION FEMOVAL 731: NAME OF CEMETERY OR CREMATORY Burial 982-Resurrection Cemetery-Clinton, Md Sept. 74 FUNERAL DIRECT DHMH - 16 50M 1/81 (VRA 15. 4)

55th Symniton Chinate lauvinni Bozestville Emmission of the Committee of the Commit

	1			STATE OF MARYLAND			
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	2 4	3 4
y be		CEASED NAME FIRST	MIDDLE 子,	Checkley	2ª DATE OF DEATH	9-4-82	26. HOUR 205 PM
(M)	3. SE	MAle	Black	5. DATE OF BIRTH MONTH DAY 186AR MAY 14, 1969	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
197		OUNTRY) 5, C	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Geor		MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	aurel, MD	FIF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS) Beltsville Hospital	12e USUAL OCCUPATION OF WORK FOR MOST OF	ON 12b. KIND O WORKING LIFE) INDUSTRY	OF BUSINESS OR
of the same of the	HSU 130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13e STREET ADDRESS	Filington	DR.
executed with a completely s 1 and 2 shall medical exa	14 F	ATHER'S NAME FIRST JAME	S H. Cled	Hey Emma	TARA	RISON "	.1
be exected and colored ages 1.	Ióa V	NAS DECEASED EVER IN U.S. AR YES, NO OR PINKNOWN) (IF YES, GIVE	MED FORCES? 146 SOCIAL SEC EWAR OR DATES) 577-16	-7314 Ruth Cle	eckley (W	ite) some	15 # 13
death certificate tending physician carbon papers. P on, or removal. traumatic event,	. 7		one cause per line for (a), (b), o D BY TE CAUSE (a) Carallo DUE TO, OR AS A CONSEQU	ic rights!		APPROX.	MATE INTERVAL ONSET AND DEATH
by the att		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (c)	cemia bitus Ulcers D	is bek he	Vitus	
law requires been signed it Then pleas rior to burial s any injury,	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110	91
S = Q 3	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	OPERATION WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	
physici is certifi ial-trans ental H or Item		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	RED (ENTER NATURE OF HUUR)	(IN ITEM 18, PART 1 OR PART 2)	
After th s the bur th and M marked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC] 211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
pital or attendi ECTOR: After for use as the b . of Health and em 21 is marke		saw the deceased alive on	tol) attended the deceosed from	5°23 , 1981 32 , and that in (my) (our) opinion (, to	te and hour and fram the	
HOSFITAL AND AND INCOME AND THE CONTRACT OF T		276 SIGNATURE	Allanen,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		H-B2
TO FUNERAL should be detaction with the State (IMPORTANT:		226 PHYSICIAN'S NAME (TYPE O	A. Warre	N 321 Price	beage St	Laurel	md 20707
₽P	L	BURIAL CREMATION, REMOVAL SPECIFY BURIAL	9-9-82 K	DAME OF CEMETERY OF CREMATORY ESURVECTION CEN	n. Clinte	A COUNTY	Ashiel,
DHMH-16 25M (VRA 15, 4) 1/79	24 €	HYERAL DIRECTOR P	noulden B	N. WASh ST 250 DAT	P 1 4 1987	H REGISTRAR SEIGHAT	UKE T

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FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 2	2	4315
1. DECEASED NAME (TYPE OR PRINT)	Woodro	ow	B.	Clegg	LAST	20. DATE OF DEATH September	30, 19	
Male		4. RACE White		Sep	t. 23, 1917	6. AGE (IN YEARS LAST BE		UNDER 1 YEAR IF UNDER 24 HRS
West Virg	ginia	U.S.A	HOSPITAL, NURSIN	WIDOWI G HOME (ADDRESS)	NEVER MARRIED DED DIVORCED DOR OTHER INSTITUTION	Prince (120. USUAL OCCUPAT (TYPATE WORK FOR MOST)	Georges	
SUAL RESIDENCE (# 13a STATE Maryland	1136. COU	OR OTHER INSTITUTION		ADMISSION)		131215 Oak	leaf Dr	rive #902
14. FATHER'S NAME Rod		MIDDLE	Clegg		15. MOTHER'S MAIDEN NA Mary FIRST	Rue MIDDLE	Ca	nary last
N6 NO OR UNKNOW	EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU 234 03 73		Margaret V. (Clegg Same	as #13	(Wife)
18. CAUSE OF D PART I. DEAT 5 7 1 2 Canditians, if	IMMEDIA	SED BY: ATE CAUSE (0)		-KE/	HAL FAILU	OF Li	IER.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Alcourt. fure years
The second secon	stating the ouse last.	(6)	R AS A CONSEQUE	DNI	RTAL HY C ETHANOL NOT RELATED TO THE TERM	L INTAI	KF.	N IN PART 1(0)
190 DATE OF OP	DA PA	19b. COND	ITION FOR WHICH	OPERATIC	ON WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDINGS USED NG CAUSES OF DEATH?
21a. ACCIDENT WA		21b. TIME C HOUR A	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	T 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f. LOCATION STREET 21d INJURY OCCURRED COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fro saw the deceased alive on above, (I) (we) (did) (did no and that in (my) (our) apinian death accurred an the date and haur and fram the couses stated

226 SIGNATURE

ATTENDING PHYSICIAN

221. DATE SIGNED

22e. ADDRESS E

DHMH - 16 50M 4/82 (VRA 15, 4)

23b. DATE 10/4/82 230. BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

DEGREE

Brentwood

P.G. COUNTY Maryland

Francis Gasch's Sons Funeral Home Hyattsville, Maryland

25a. DATE REC'D.

				Testion	
	*** ^	opt. 23, 1917	8	int	0 []
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Maryland

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United 10/1/82 Et. Lincoln Cemetery francis (cenches Sees Punger) Hone Pytt eille, Nerving

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR . DECEASED NAME 26 DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Cofield Sherman 181982 AGE (IN YEARS 3. SEX 4 RACE 5. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) 11:05 PRONOUNCED DEAD 18 1982 P. M 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED FOREIGN COUNTRY) DIVORCED Prince George's (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
4005 Webster Street Brentwood 1004. 13d. INSIDE CITY LIMITS? T. PAGES 1 AND 2 S DIVISION OF VITAL 02 EmoST. Capital High's No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, I BRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH Gunshot wound of Head (unspecified) MAMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E DEPARTMENT OF HEA 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR X XXMONTH DAY YEAR 1819 82 subject was shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY II LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) Webster St., Brentwood, Prince George's AT WORK AT WORK Home Autopsy XX 220. I certify that I taak charge of the remains described above, held an Hamicide X Suicide Undetermined manner Natural causes TITLE (SPECIFY) DATE Assistant 9-19-82 Penn Street EXAMINER'S NAME F. Smyth, Dennis 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** LAY RENS (VR A15 ME (5)) 20M 4/82

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	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE B 2 2	4317
El A		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST .	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
n_{J}		Helen	Mary	COLBERT	September 18, 1	
1	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	Black	Sept 5 1910	72 YRS	
e	7a. Bi	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
5		Wash.,D.C.	U.S.A.	WIDOWED DIVORCED	= = = = = = GCOTEC 3	
83		ty or town of death Lanham	Doctors Hosp	ING HOME OR OTHER INSTITUTION ET ADDRESS) LET ADDRESS OF P.G. County	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
a sange	13a S Ma	ryland Prin	other institution, give residence before the control of the contro	e Hill 13d INSIDE CITY LIMITS?	13e SIREET ADDRESS 4516 Akron St.	, 20748
exomine (14 F.A	THER'S NAME FIRST	Lynch Lynch	15. MOTHER'S MAIDEN N	MIDDLE BUT	LAST
0	16n V	VAS DECEASED EVER IN U.S. AR			ADDRESS	115
medic			577-01-		olbert 4516 Akron	St. 207/8
r, or other troumatic e		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	DEATH BUT NOT RELATED TO THE TER	pertrophy	N IN PART 1
vs ony injur	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES,	, WERE FINDINGS USED YING CAUSES OF DEATH?
em 18 shov		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	PRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
orked or m	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC] 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
em 21 is ma		22a. I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATUH	al) attended the deceased from		n death occurred on the date and hour	ond from the couses stated
Z		10 He	Mudedo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/20/82
IMPORTANT		THE PHYSICIAN'S NAME (THE O		22e ADDRESS Patho Doctors' H	ospital of Pr. Geo	. Co.
2	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Buffal	236 DATE 234, 1982 N	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Washington. D	COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Robinson Funeral Home 1313 6th St. N.W.

23d LOCATION
CITY OF TOWN
Washington, D.C.

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MPORTANT: If Hem 21 is marked or Item 18 shows any

STATE OF MARYLAND					
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	31	AIL	ur	MAKI	AND

FOR STATE REGISTRAR	DEPAI		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 2	2 4	3	18
1 DECEASED NAME FIRST	MIDOLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
ETHE	L.	C	OLES	STATE OF THE PARTY.	09-24-8	2	8:05AM
3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		ERIYEAR	IF UNDER 24 HRS
FEMALE	BLACK	Octo	ber 15,1890	91	YRS	DAYS	HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) South Carolina	76 CITIZEN OF WHAT COUNTR	MARRIED WIDOWE	NEVER MARRIED D	9. BALTIMORE CITY O		ATH	M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR PRINCE GEORGE	SING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Housewife	F WORKING LIFE) INC	KIND OF	BUSINESSOF
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 7821 GLENA			
14 FATHER'S NAME George Bell	MIDDLE LAST		IS MOTHER'S MAIDEN NA Lillian	[Unknown]		LAST	
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SE 177 44		17 INFORMANT Rebecca Paul	ADDRE S 7821 Gler	Gren		n,Md.
PART I. DEATH WAS CAUS	ATE CAUSE (a)	Khy	p alu	Cep 1sty	9 -	APPROXIA BETWEEN O	MATE INTERVAL NSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A TONSEC	ere	Demen	ahodhic	Thyps		
	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	PART 1(o	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI IN CERTIFYING YES [
		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR	PART 2)	
OR CONTRIBUTING LICAUSE OF E	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	vn cou	UNIY	STATE

NOT WHILE 220.1 certify that (I) (this haspital) attended sow the deceased alive on above, (1) (we) (did) 1did not

22b. SIGNATURE

deceosed from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

17L DATE

22d. PHYSICIAN'S NAME (TYPE ORPRINT)

22e. ADDRES

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation, retained by the hospital or attending physicia

OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial

230. BURIAL, CREMATION, REMOVAL

236. DATE 10-2-82

23c. NAME OF CEMETERY OR CREMATORY HARMONY CEMETERY

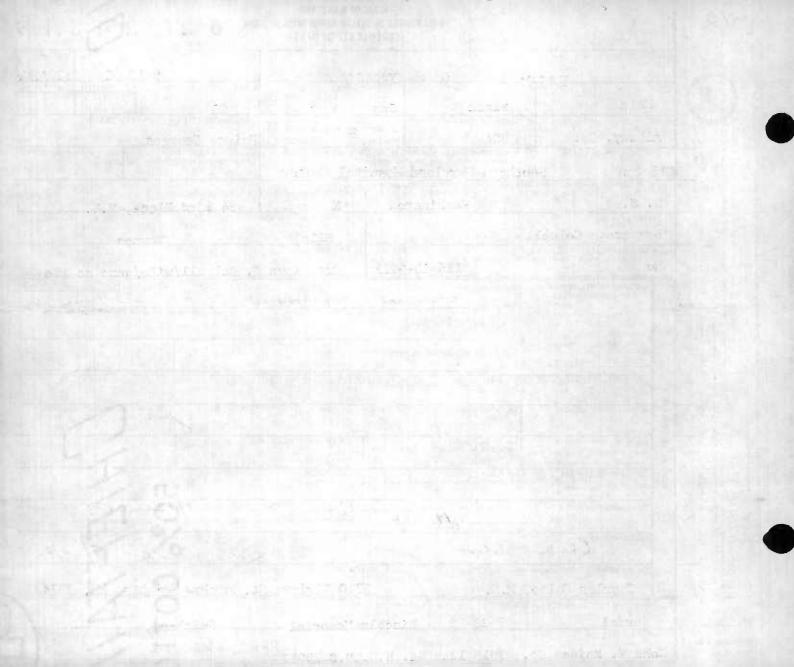
DEGREE

LOCATION
CITY OR YOWN
LANDOVER P.G. MARYLAND

24. FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. 4339 Hunt Pl., N. E.

250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE
SEP 30 1982

	1.	STATE REGISTRAR			VE		IFICATE OF DEA		O	EG. NO.	2 4	3 1	7
		CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF DE	ATH MONTH	DAY YEA	ar 26. HOU	R
-	(1177)	OK PKINT]	MITTIT	A 3 /	3.6	COI	WELL			09 1	9 82	6:20/	A.M
f ta e	3. SE	(WILLI	. RACE	M	5. DA	E OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 Y	YEAR IF UNDER	24 HRS
MI		Male		Blac	ck	Se	D 4. 19	P62	80	YRS.	MONIAS	AYS HOURS	MIN.
110	7a. BI	RTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	WHAT COU	NITDV2 I	11 -2		9. BALTIMORE		Y OF DEAT	н	
44	A	Ibany, Ga		USA			RIED R NEVER MAR	RCED	Prince (Porges			M
2		TY OR TOWN OF D		11. NAME OF		URSING HOA	E OR OTHER INSTITU	Topolis Co.	12a. USUAL OCC	UPATION		ND OF BUSINE	-
夏后	Cli	nton	S			and Hos	pital Cent	tor	(TYPE OF WORK FOR	MOST OF WORKING	LIFE) INDUST	TRY	
2	USU.	AL RESIDENCE (IF NE	JRSHIG HOME OF	OTHER INSTITUTION				rei					
The most be	13a. S	. C.	TANCOU	NTY	13c. CITY O	RTOWN	13d. INSIDE CITY		13e. STREET ADD				
3		THER'S NAME			Washi	ington	YES NOTHER'S M	IO [424 23	rd Plac	e, N.F		
001		FIRST		MIDDLE	LA	ST	FIRS	ST		DOLE		LAST	
3	1	enderson					Ella			Tow	nes		
dico	160. V	VAS DECEASED EVE		MED FORCES?	7	L SECURITY NO		T		ADDRESS			
medico	N	(ES, NO OR UNKNOWN)			116-	-10-991	Mrs.	Reva (G. Colwe	11/wife	/same	as 130	
event, the		18 CAUSE OF DEA	ATH (Enter a	nly one cause pe	r line for (a),	(b), and (c).)					BETW	PROXIMATE INTER	DEATH
event, t		PART I. DEATH	WAS CAUSE	ED BY: TE CAUSE (0)		ReiBANG	Throng	2150			1	week	
		7370											
mo, u				DUE TO, C	OR AS A CON	ISEQUENCE O							
emotion, or er troumotic		Conditions, if an		(b)_									
Je Je		cause (a), sta	ting the	DUE TO, C	R AS A CON	SEQUENCE O					11 74		
or off		underlying cau	ise last.	((c)_									
	_	PART 2. OTHER SI	GNIFICANT	CONDITIONS C	ONTRIBUTIN	IG TO DEATH	UT NOT RELATED TO	O THE TERMI	NAL DISEASE OF	CONDITION	IVEN IN PAR	IT Ita	
r to bu	CERTIFICATION												
ws ony	13	190. DATE OF OPER	RATION	196. COND	ITION FOR V	WHICH OPERA	TION WAS PERFORM	AED	20a AUTOPSY	? 20b. IF Y	ES, WERE FIN	NDINGS USEL	D
	E								YES NO		YES 🗍	NO [
Hygier 18 shov	1 👸	21a. ACCIDENT WAS	INDERLYING	216. TIME (21c. HOW INJUI	RY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18	B PART I OR PAR	T 2)	
		OR CONTRIBUTING		Ain		H DAY YE	AR						
Mentol or Item	MEDICAL	(IF EITHER, NOTIFY MI			OF INJURY		9 211, LOCATION						
Tealth and Mento is marked or Item	WE					OFFICE, FARM, ETC			CI	Y OR TOWN	COUNT	Y 5	TATE
th o		AT WORK AT V	WHILE										
Health is mod		22a.1 certify that			he deceased		9/13	19	, ta	9/20		, that (I) (
21		saw the dece	osed alive or (did)(did no	t) view the bady	9/19 v after death.	19 82	, and that in (my) (au	ur) apinian d	leath accurred ar	the date and h	our and fram	the causes sto	ated
F Hem		226. SIGNATURE	9 ,				DEGREE				22c. D	ATE SIGNED	
ote Dept.		(harb	- F Colo			ATT	ENDING YSICIAN	MEDICAL DIRECTOR []	STAFF	9	7/20/5	T
ANT W	1	22d. PHYSICIAN'S	NAME (TYPE)	OR PRINT)			224 ADDRESS	TOICIAN Z	PIRECTOR	THIS ICIAIN EX		-	_
with the State I		100										1 0054	
MPORTANT:		Charles					3710 Rivi				its, Mo	1. 2074	8
-		BURIAL, CREMATION	N, REMOVAL	236. DATE		23c. NAME C	F CEMETERY OR CRE	EMATORY	23d. LOCATIO		COUNTY		STATE
		Burial		9-2	3-82	Linco	In Memori	21	Su	itland	1	Md.	
M 4/82	24 F	JNERAL DIRECTOR						25a. DATE	REC'D. BY REGI	TRAR 266 REGI	STRAR'S SIG	NATURE	1
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		TYPE OF	SED NAME	James		WIDDLE		LAST		20. DATE N	ESTI- MATED (AONTH DAY	YEAR	2b HOUR
	2345E					Joel		Comber				09 04	1982	2:17 _M
	7 SEAGN	3. SEX		4 RACE	5 DATE OF BIRT	Y YEAR		FUNDER 1 YR.	HOURS ME	HRS. 2c. DATE PRONOUN	140	ONTH DAY	YEAR	2d HOUR
	95388	Mal.		White	March 2		40 YRS.		16-	DEAD		09 04	1982	2:17m
	SAN EN	Per	IPLACE (ST	ania		S.A.		ARRIEDXIX NI	EVER MARRIED DIVORCED		ce Georg	7.140	ounty	MD
	PAGE 3		or town of Cheves		(IF NOT IN SUCH	OSPITAL, NURSIN FFACILITY, GIVE STREE George 1 8	T ADDRESS)			FOR MOST OF WORK	ATION (TYPE OF	WORK 126 KI	IND OF BUS R INDUSTR Laura	V
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	DEATH GES -	J	ames		MIDDLE	Comber		Ca	therine	MI	DDLE	Golch	ner	
NO.	S S S S S S S S S S S S S S S S S S S	16a. WAS	DECEASED	EVER IN U.S. AR		16b SOCIAL	SECURITY NO	. IT INFOR	THAMS	C	ADDRESS			
BALTIMORE,	24 HOURS AFTER DEATH. IF ANY DELY ITEM 18, GIVE PAGES 1, 2, AND 3 TO LONG WITH FORM, PM, 3, RETAIN, P PERMIT, PAGES 1, AND 2, SHOULD BE GIENE, DIVISION OF VITAL RECORDS, WAL.	No	OF UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	156 30	4924	Conc	etta A.	omber	Same a	s #13	(Wife)
	24 HOURS ITEM 18. G LONG WIT PERMIT. PV GIENE, DIV	18	CAUSE O	F DEATH (Enter a	nly ane cause per l	ine far (a), (b), ar	rd (c).)						APPROXIMATE	
PRESTON ST.,	NG NG L		PART I DE	ATH WAS CAUSE	D BY:		MUCAT	dial in	faratio	n		86 1	WEEN ONSET	
0	ALOI P GIE		25	00		OR AS A CONSE	DUENCE OF							
A SE	WITHIN SHINES ALL IN			s, if any, which		Coronar	y Aster	- Pisca	se and	Coronal	y asteri	4 5	2 40	5.
≥.	PENC AMINI - TRA OR F		cause (a)	stating the under		OR AS A CONSE	QUENCE OF			6.	- mace			
201	EXA NO.		lying cau	se last.	(c)	Diah	etes v	nellitua	5	~ 7	- 13			
DS,	JUD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 1/ F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	17/	RT 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT BELATED	TO THE TERMINAL O	ISEASE OR CONDITION	ON GIVEN IN PART 1	0				
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VISI	CERTIFICATE WITH THE WOED TO THE WAS 3 SHOULD EDEPARTMENT OF THE WORLD	7 144	HILE			E OF INJURY (AT HOME, 21	F LOCATION STREET	1000	CITY OR TOW	VIN	COUNTY		STATE
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	NE TOTAL		death resulte	·	ral causes	Accident	Suicide	Ham	icide	Indetermined ma				
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	A COUNTY A		CTUAL GNATURE_	Dar	ry 14.	Mursh	cles, US	_M.D	enuty	MEDICAL EXAM	INER	DATE SIGNED	15/8	2
	V ORE STATE			/	0	-1	11	4. 0		-1	1	1		
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	EX	AMINER'S I	NAME (S	arry 1	1. 5hm	ookler,	ADDRESS.		Che	ierly W	d		
1/0-	SX45AA_	230. BURI	AL, CREMAT	ION, REMOVAL				RY OR CREMAT		3d LOCATION CITY OR TOWN	- 17	COUNTY	51.	ATE_
23/15	BP		ial		9/8/82			n Cemet		Brnetwo			rylan	nd
1000	DHMH · 17	FINE	LACIS	Gasch's	Sons Fun	eral Hon	ne, P.A			D. BY REGISTRA	Sb. REGISTR	AR'S SIGNAT	TURE	
	(VR A15 ME (5)) 20M 4/B2	H	vattsv	rille, Ma	aryland				SEP 9	1302	mo	- cau	my.	
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STATE OF MARYLAND

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5	1	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 4 3 2 2 CERTIFICATE OF DEATH REG. NO.							
p P		DECEASED NAME FIRST MIDDLE (AST TYPE OR PRINT) GEORGE F. CORUM				20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 09-16-82 6:45PM			
y (M)	3 SE		4 RACE Black	5. DATE	DF BIRTH 17,1914	6. AGE (IN YEARS LAST BIRTHDAY) IF		FUNDER I YEAR IF UNDER 24 HRS. ONTHS DATS HOURS MIN.	
oth Agg		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRYS	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
y the functed of	10 €	Tirginia ITY OR TOWN OF DEATH CHEVERLY	13. NAME OF HOSPITAL, NURSING		DNORCED DOROTHER INSTITUTION	PRINCE GEORGE'S CO		ND OF BUSINESS OR	
24 hours	-USU 13a.	AL RESIDENCE (IF NURSING HOME OR OTHER MOTITUTION GIVE RESIDENCE TATE 1136. COUNT) 1131. CITYO aryland Seat Pleasant		E ADMISSION)	13d. INSIDE CITY LIMITS?		DDRESS Duel Place		
impletely to ond 2 sho		ATHER'S NAME FIRST George	MIDDLE LAST COrum		15. MOTHER'S MAIDEN NA Nettie		CI TIGO	LAST	
n and co		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTION IN SECTION 18 18		Mrs. Sylvia Winbleton	a Stevens	-daughte	er-11908 boro, Md.	
not the death certificate by the attending physici sse remove corbon poper i, cremation, or remavol.		PART I. DEATH WAS CAUS	one cause per line for (a), (b), are ED BY: ITE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU	ENCE OF	Renul fo	uline.	B	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH	
quires the signed Then plecto to buriol nijury, or	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to							
The low relicion. The hos been the hos been prior gleen prior shows only in	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERA						FINDINGS USED AUSES OF DEATH?	
SICIAN: ng phys certifico viol-froi enfol Hy ltem 18	MEDICAL CER	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	URY IN ITEM TB PART I OR I	PART 2)	
DING PHY: or attending After this e as the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	ARM ETC)	21f LOCATION STREET	CITY OR TO	OWN COL	UNTY STATE	
HOSPITA OR ATTEN bired by the hospitol FUNERAL DIRECTOR, sould be detached for us with the Stote Dept. of He the North Director of He	•	sew the deseased olive of	at) view the body after death.		nd that in (my) (our) opinion of the property	death occurred on the d	.FF • 274	, that (I) (we) last om the causes stated DATE SIGNED	
0 % 5 % ¥	I	BURTAL, CREMATION, REMINAL (SPECIFY) BUrial UNERAL DIRECTOR	Sept. 7/198	2-Ha	EMETERY OF CREMATORY			, Marylan	
DHMH - 16 50M 1/B1 (VRA 15, 4)		NAME	al Home-4001 B	enni	ng Rd NSE	P 2 3 1984	THE STRANGE	The Control of the Co	

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24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

01d Alexander Ferry Road, Clinton, Maryland 2073

DHMH - 16 50M 1/BI

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Medical Examiner (Dr. Rodriquez)

Natified & Released 09/07/82

IF UNDER 1 YEAR

INDUSTRY

N/A

(20335)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

15 MINUTES

COUNTY

22c. DATE SIGNED

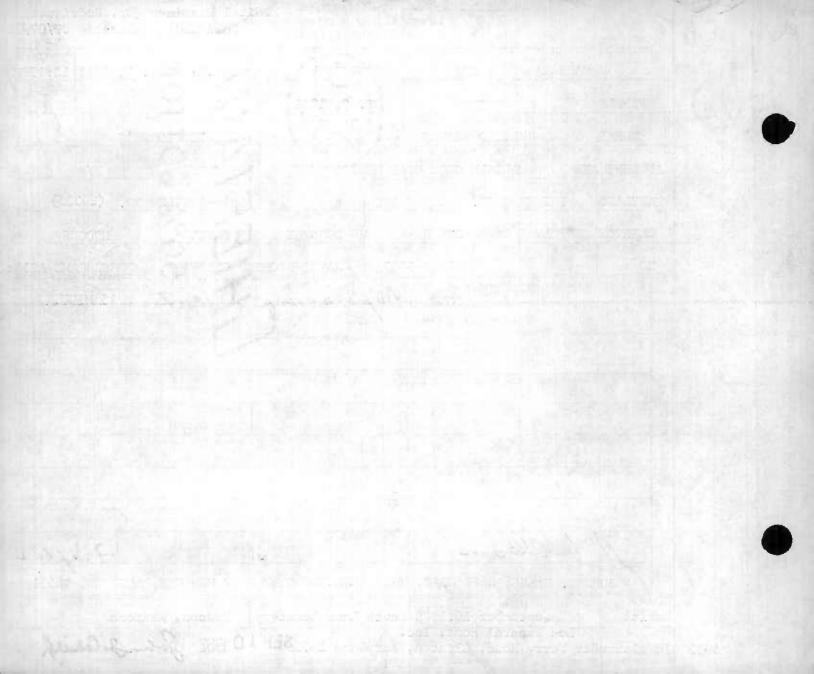
STATE

HODGES

2b. HOUR

12h KIND OF BUSINESS OR

IF UNDER 24 HRS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) D'Ambrosio 1982 John DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE PRONOUNCED 83 YRS 1899 Male White DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) Prince George's County U.S.A. Italy WIDOWED TO DIVORCED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Prince Geo. Gen. Hospital & Med Ctr. Maryland ISUAL RESIDENCE LIFTIN NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13e. STREET ADDRESS 3407 Tilden Street 13d. INSIDE CITY LIMITS? Prince George' Maryland YES XX NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Marianne Antonio D'Ambrosio Paveglio 17 INFORMANT 16b. SOCIAL SECURITY NO. Edith D'Ambrosio- above address 578-34-9214 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: Hemopericard ium and Cardiac Tamponade 15 minutes IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF 1/2 hour Acute myocardial infarct with rupture of left gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF Ventricular wall cause (a) stating the underlying cause last. Atherosclerotic coronary artery diseas PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO 1 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INTERNATURE OF INTURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 718 PLACE OF INJURY (AT HOME, 21f LOCATION STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Natural causes Suicide SIGNATURE Prince George's General Hospital Barry M. Shmookler, M.D. ADDRESS Cheverly, MD. 20785 /8/1982 Ft.Lincoln Cem. Brentwood Pr. Geo. .H. ADDRESS Mt.Rainier, Md. VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	FOR - STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE B 2	2	4 3 2	8
(TYE	ECEASED NAME FIRST PE OR PRINT) LERO	L.	MIODLE	AY	Septemb	MONTH DAY	7 YEAR 26. HOUR 7 25	5
3. SE	ALE BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8.	Lary 28 07	6 AGE (IN YEARS LAST BIT	5 YRS.		MIN.
10,00	JASH, D.C.	U, S	MARRIE WIDOW HOSPITAL, NURSING HOME (HEACILITY, GIVE STREET ADDRESS)		PAINCE 12ª USUAL OCCUPAT (TYPE OF WORK FOR MOST O	Geor	9 65	MI S QR
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE		olia Garde BHYAGISUILLE KXXXXXXXXXXXXXXX	13d. INSIDE CITY LIMITS?	13e STREET ADDRES	OREMAN 512 LAN	GRAVEL CO. ICER DR. 207	78:
1	ATHER'S NAME JAMES	MIDDLE E.	DAY	15. MOTHER'S MAIDEN N. ELSTE	M.		ANDERS	
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECURITY NO. 216-07-0923			ES 8210 6 ALE,MD.	OTH PLACE 20737	
	18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Cantar as	nest			APPROXIMATE INTERVA BETWEEN ONSFI AND DE	ATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	(b)	RAS A CONSEQUENCE OF SULLIAL SIGN	roluce presidente	2005-8		3 lay Years	J.
TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
ERTIFICATION	190 DATE OF OPERATION				YES NO YES			
W W	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)							

NOT WHILE

21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.)

211 LOCATION

CITY OR TOWN

STATE

220 I certify that (I) (this hospital) attended the deceased from

MEDICAL MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

22e ADDRESS

CREMATION, REMOVAL BURIAL

MEDICAL

NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY

DEGREE

ROCKVILLE

COUNTY

BURIAL 9/1 8/82

24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If He

LEROY MALE DAY LO YEAR MARKET IN THE TANK THE South Street will be the state of the street of the SEPROPRE IN ACTION OF THE

20M 4/82

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

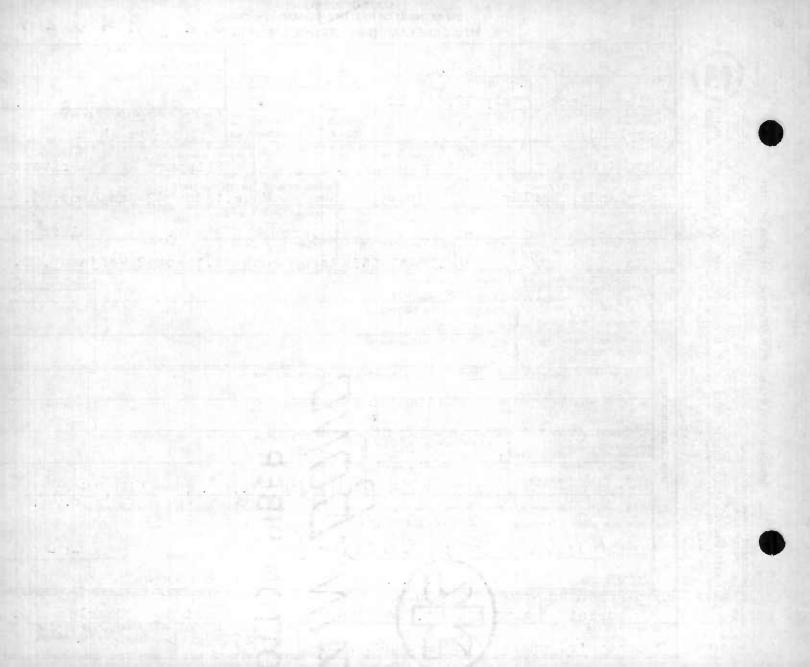
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Steven 19 Mont Dent 9 1982 AGE (IN YEARS | IF UNDER 1 YR. 24 HOUR 5:25 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1982 July 22,60 22 YRS 19 Black Male a. M Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA Prince George's County Marvland WIDOWED [DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK Q CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Palmer Road, Shipper Private Oxon Hill UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13h COUNTY 13c. CITY OR TOWN Charles No K Rt. 1 Box 42 Nanjemoy, Md. Nan jemoy Maryland 20662 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Baair M. Dent Isrom Ernest ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT YES, NO, OR UNKNOWN) 219-72-2559 Isrom Dent Rt.1 Box42 Nanjemoy, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT REMIT OF HEALTH AND MENTAL HYGIENE DRIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Stabwounds of Chest and Abdomen DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTMORE, MARYLAND, 21201 PRIQA TO BURIAL, YES XX NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 3 30 KM subject was stabbed 191982 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK apartment Palmer Rd., Apt. 5. Oxon Hill AT WORK George's Autopsy XX 22a I certify that I taak charge of the remains described above, held an Inspection Hamicide XX Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL "Assistant MEDICAL EXAMINER DATE 9-19-82 SIGNATURE Dennis F. Smyth, M.D. III Penn Street EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Charles Md. Mt. Hope Church Cem. Ironsides 9-24-82 Burial BP 250. DATE REC'D. BY REGISTRAR 216 REGISTRAR'S GIGHATURE 24 FUNERAL DIRECTOR **DHMH - 17** Thornton's Funeral Home Pomonkey, Md. (VR A15 ME (5))

20M 4/82



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2e. DATE OF DEATH DECEASED NAME MONTH 26. HOUR (TYPE OR PRINT) melia AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5 DATE OF BIRTH IF UNDER TYEAR MONTHS DAYS 26 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** In BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Canact WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY_ USUAL RESIDENCE, IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13a. STREET ADDRESS MICH 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. IYES, NO OR LINKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if only, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost an c PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ancer NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERMATURE OF INJURY IN ITEM 18, PART T OR PART 2) 8 HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK this hospital) attended the deceased from and that in (my) our) apinion death occurred on the date and hour and from the causes stated sow the deceased alive on 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR | PHYSICIAN MPORTANT 22e ADDRESS ould b TO Fi 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) September 21, 1982 Epiphany Episcopal Church Cemetery Forestville, MD 44 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 251/ REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78 6 6 20735 Old Alexander Ferry Road, Clinton, MD

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REGISTRAR

. DECEASED NAME

Prince George's County, 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) own home 1928 Kimberly Road. 20903 Crone Howard F. Dow-husband- (same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 328 Southern Ave., S.E. Washington, D.C. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 9-23-1982 Burial High Street Cemetery Hampton N. Hampshire 11800 N.H. Ave., 24 FUNERAL DIRECTOR lines/Rinaldi Funeral Home Silver Spring, Md. 2090 5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

3:10p. A

20 DATE OF DEATH MONTH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Thomas D. Dunn 4. RACE & AGE (IN YEARS IF LINDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE VEAR LAST BIRTHDAY PRONOUNCED DEAD 1914 Male 67 YRS White Nov. To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Prince Georges Ohio WIDOWED DIVORCED Nanager works Laundry | 176 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 2200 Apache Street Adelphi & Dry Cleaning Navy Exchange USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Prince Georges Adelphi 134 INCIDE CITY LIMITS 13e. STREET ADDRESS Maryland NO □ 2200 Apache Street 20783 OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Mueller Bunyon Dunn Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) Yes WW 11 288-01-5602 Mrs. M. Helen Dunn-wife-(same as 13e) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN CROST AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (g) ED AS A E CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? SED 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN STATE WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH WITH THE STAFITMORE, MARYLAND, 2 22a I certify that I took charge of the remaigs described above, held an Undetermined manner death resulted fram: Natural causes Hamicide TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME Said 5632 Annapolis Road, Bladensburg, Daee. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Cheltenham Cemetery Cheltenham SEP 23 1982 SEP 2 3 1982 24 FUNERAL DIRECTOR 11800 N.H. Avenue, DHMH - 17 Hines/Rinaldi Funeral Home Silver Spring, Md. (VR A15 ME (5)) 20M 4/B2

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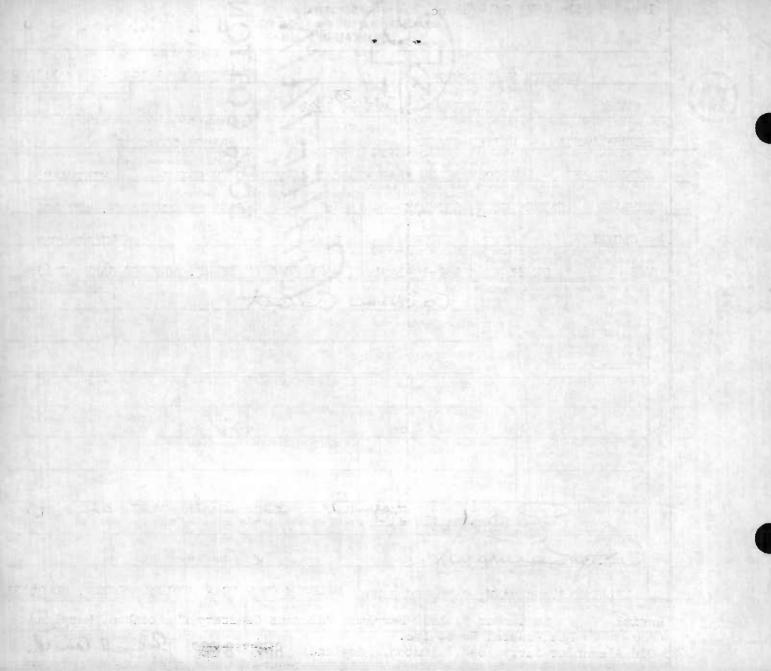
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) September 24,1982 Helen Fealy 4. RACE & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF LINDER I YEAR IF UNDER 24 HRS. White Nov. 20, 1922 Female BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Iowa 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR NDUSTRY Housewife Upper Marlboro 12121 Old Colony Own Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 12121 Old Colony Drive Pr.Geo's Maryland Marlboro FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hazel Swinford Paul Houdesheldt 12121 Colony Drive, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT STEE STEE (IF YES, GIVE WAR OR DATES) No John M. Fealy-Upper Marlboro, Md 2077 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY muchano cultradenocarcinoma IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which STATE OF THE PARTY gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL NO F 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING U HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDI(MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did no) 72h SIGNAMURE DEGREE 22c. DATE SIGNED M.D. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME TTYPE OR 22e. ADDRESS should be with the S 231, NAME OF CEMETERY OR CREMATORY Cheltenham Veterans Cemetery 23d. LOCATION 23g. BURIAL CREMATION REMOVAL 9/28/82 Burial Cheltenham (Pr.Geo's) Md. Richard A. Coleman-Upper Marlboro, Funeral Home Maryland 20772 DHMH-16 30M 2/80

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN. The law requires that the death certificate be executed within 24 hour strending physician. - After this certificate has been signed by the attending physician and completely filled in by ss the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in thand Mental Hygiene prior to burial, cremation, or removal. - The medican saming round marked option 18 shows any injury, or other traumatic event, the medican saming round marked option.		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS ACOMSE	DUENCE OF	bulletion		4/82
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the the the	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE (IF NO, IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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AND 24		NO 4710 PARD Rd.
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V. PR the	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
on w	underlying cause last (c)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The low requires that the death certi- ottending physician. After this certificate has been signed by the attending parter this certificate has been signed by the attending parter that the burlot-transit permit. Then please remove carbon the and Mental Hygiene prior to burlat, cremation, at ren orked or them 18 streng any injury, or other traumatic events.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
COR COR	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFOR	MED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
REC n. n. ne pr		YES NON YES NO
VITAL N: Th sysicio cate l fansit Hygie	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJ	URY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
N OF VITA SICIAN: T ng physicia certificate minol-transi	ON CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY YEAR	
HYSIII dring dring buris ce buris ce	216. INJURY OCCURRED 216 PLACE OF INJURY 21f. LOCATIO	N
VISIO OF PHEN S. The ond ked a	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
Do or o se of the more more more more more more more mor		, 19 8 , to Clubs , 19 80 that (I) (we) last
TTEN Pitol TOR for u of Ho		our) opinion death occurred on the date and hour and from the couses stated
OR A DIRECTOR A DIRECTOR DEPT.	22b. SIGNATURE DEGREE	22c. DATE SIGNED
7 + 7 + 9	Soul Itan MS. A.	TENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN P
HOSPITAL ned by th FUNERAL Jid be det The Stote ORTANT:	22d. PHYSICIAN'S NAME (TYPEOR POINT) 22e ADDRESS	0 1 0 1
0 - 0 + 0	Daniel J. 1384/e MD 5703	Marlbord PK Capital HykM
1500 253		REMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
7000BP	CREMATION 9-1-1982 CEDAR HILL	CREM. SUITLAND PCC Md.
DHMH - 16 60M 1/75		250. DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE
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	FOR STATE REGISTR	AR		DEPA		EALTH AND MENTAL FICATE OF DEATH	YGIENE	B 2 REG. NO	2	4 3	4
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14	FATHER'S NA	ST .	WIDDLE	LAST		15 MOTHER'S MAIDEN	NAME			LAS	
00		d Garber				Agnes I	ucy M	cuaeti	ıy		
O leg	YES, NO OR UN	ASED EVER IN U.S. AR	MED FORCES			Audrey Ga	rhor	ADDRE	Same	0 25	#13
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1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	2 4 3 4 5
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
to profession	PEAR		GARNER	9 -	16-1982 12:45AM
	FEMALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY APRIL 3. 1930	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35	BIRTHPLACE (STATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COUNTRY U. S. A.		9 BALTIMORE CITY OR COUNT	
74	CHEVERLY	NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) HOUSEWIFE	12b. KIND OF BUSINESS OR
13	SUAL RESIDENCE (IF NU B. STATE IARYLAND	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) NN 13d. INSIDE CITY LIMITS? YES NO N	13e STREET ADDRESS	TREET
20"	FATHER'S NAME FIRST UNKNOWN	MIDDLE LAST	15. MOTHER'S MAIDEN N	WIDDLE	LAST
5 6	WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b, SOCIAL SEC		GARNER, JR., WA	
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o ED BY: TE CAUSE (o)	nd (C)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Sign	Conditions, if ony, which	DUE TO OR AS A CONSEQU	JENCE OF	a	
Oiner Iro	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OP AS A CONSEQU		rience Chro	Ni
njury, or		CONDITIONS CONTRIBUTING TO			VEN IN PART 1(a
8 shows ony injur	THE DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
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# Hea	274, SIGNATURE	at view the body offer deligh.	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED
MPORTANT	ME PHISICIAN'S NAME THE	JS. Pun	7A. PHYSICIAN.	HARTAL C	HEVERTY
530 XTNORY	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATOR	23d LOCATION CITY OF JOWN BRENTWOOD (PR	GEOIS) MOTATE
1/B1 24	TCHARDTOA, COI			ATE RECID BY REGISTRAR 256 R.C.S.	

STATE OF MARYLAND

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"MTCHAEL J. AMBRUSO 1175 STATE ST. DOVER DE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

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THOMS NAMES OF ASSOCIATION OF THE PROPERTY OF

HOTSHATHERY.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN ANGIOLA (TYPE OR PRINT) OF ESTI-M. DEATH MATED 4 RACE AGE (IN YEARS IF UNDER 24 HRS DATE 30 YEAR LAST BIRTHDAY PRONOUNCED 83 XX YRS DEAD Th. CITIZEN OF WHAT COUNTRY 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY) DIVORCED Prince Georges WIDOWED Italy ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY Cheverly Prince Georges Housewife own home AL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Georges Maryland College Park YES X NO 19259 Limestone Place. 20740 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Francesco Flora Virginia Balocca 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMAN 16b. SOCIAL SECURITY NO ADDRESS no 214-74-1456 Louis Gibba-husband- (same as 13e) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSECUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL 20 AUTOPSY? NO N SHOULD BE 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATION
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE ST
BALLIMORE, MARYLAND, 2 220. I certify that I taak charge all the remains described above, held an Autapsy Inspection death resulted fram: Hamicide 7-30-82 MEDICAL EXAMINER SIGNED EXAMINER'S NAME ADDRESS 5632 Annapolis Road, Bladensburg, Md TYPE OR PRINT 23d. LOCATION 236 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 10-2-1982 Gate of Heaven Cemetery Silver Spring Montgomery BP. 24 FUNERAL DIRECTOR 11800 N.H. Avenue, Hines/Rinaldi Funeral Home **DHMH-17** Silver Spring, Md. (VR A15 ME (5)) 15M 2/80

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SAID A. DAME, UMB

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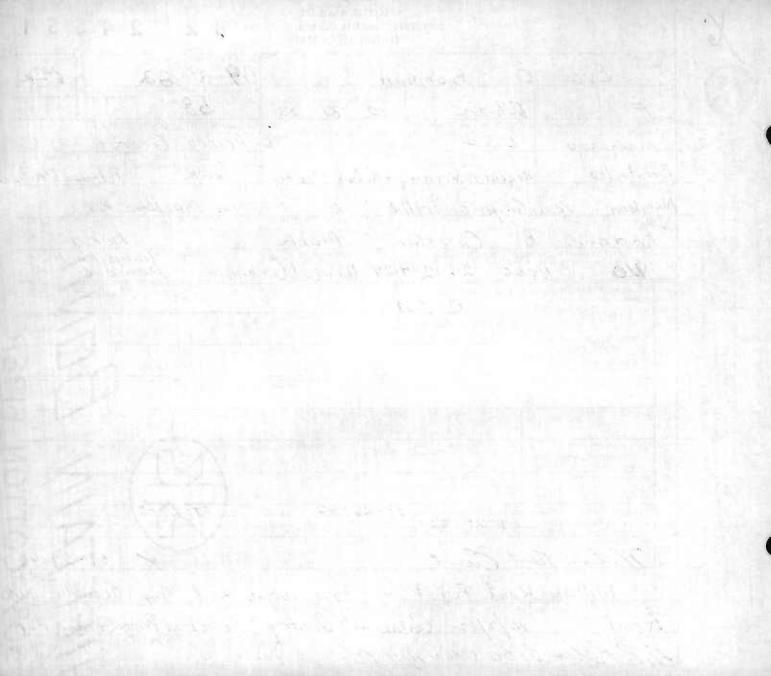
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E BE AND	3 SE	Х	4 RACE	S. DATE OF BIR	TH 6.	AGE (IN YEARS	UNDER 1 YR.	IF UNDER	24 HRS. 2	c. DATE		MONTH	DAY	YEAR	24 HOUR
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L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, 2, ED ASA BURAL - TRANNIS PERMIT. PAGES 1 AND 2 SHEATH AND MENTAL HYGIENE, DIVISION © EVITAL SAI, CREMATION, OR REMOVAL.		18 CAUSE O	F DEATH (Enter o	inly ane cause per	line for (o), (b), o	nd (c).)							APP	ROXIMATE	INTERVAL AND DEATH
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O TIME	X	EXAMINER'S (TYPE OR PRI	NAME DE	ennis F.	Smyth, I	M.D.	ADDRESS		II Per	nn St	reet				
TO MEDICAL EXAMINER: THE CERTIFICATE, PRAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STABLITMORE, MARYLAND, 2	23a.E		TION, REMOVAL			ME OF CEMETE		ORY	23d. LOC	ATION			INITY		
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-E FUNERAL DIRECTOR.

E 5 FOR YOUR FILES.

ED, WITHIN 72 HOURS

W PRESTON STREET, cosnell DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY Maryland WIDOWED DIVORCED AND 3 TO THE FL RETAIN PAGE 5 HOULD BE FILED, SPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET Housewife Own Home 20607 3a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS P.G. Accokeek 17808 Livingston Road Maryland NO TO VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST LAST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. Boswell James M Boswell Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Same as Line 13 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 218-54-9136 Welby C. Gosnell, Sr. CAUSE OF DEATH (Enter only one couse p APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY nowe Cendid Vas enter duease IMMEDIATE CAUSE DUE TO AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E DEPARTMENT OF HEAT TO BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO P 86 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR ING. MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY TATHOME. 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I 21201 AT WORK NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian death resulted fram Hamicide Undetermined manner SIGNAT BALTIMORE, 230. BURIAL, CREMATION, REMOVAL Burial 9-16-82 Mem. Gardens Waldorf 24 FUNERAL DIRECTOR **DHMH-17** Huntt Funeral Home, Waldorf, Maryland (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS 82 09-08-HAAS ALVA IF UNDER I YEAR 3. SEX 4. RACE S DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) MONTH 25 White 1908 74 Female Mar Ta. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY Wash., D. WIDOWED 12b. KIND OF BUSINESS OR D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) CLINTON SOUTHERN MARYLAND HOSPITAL Secretary - D. C. School USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? Upper marlbdra | PG 7206 King Richard Dr. Md. NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Elisson Brashears James Florence IN WAS DECEASED EVER IN U.S. ARMED FORCES? TIME SOCIAL SECURITY NO 17 INFORMANT Harry Haas, Husband, Same as Above 216-46-9399 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Acute respiratory failure IMMEDIATE CAUSE (o) Due to, OR AS A CONSEQUENCE OF Undifferentiated sarcoma, primary site Conditions, if ony, which gove rise to immediate DUE TO OR Undetermined with extensive pulmonary couse (o), stoting the underlying couse lost. metastasis CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO T 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from Jan Sent 8th Sent 8th _19__82__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING Sept.8th/82 PHYSICIAN TO DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE 22e. ADDRESS 9131 PiscatawayRrd. Clinton, Md. 20735 VICTOR CHUPKOVICH 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL CREMATION, REMOVAL 9-9-82 Cedar Hill Crematory Suitland, P.G., Md. Cremation Robt E Wilhelm ADDRES 4308 Suitland DHMH - 16 50M 4/82 Rd., Suitland, Md. (VRA 15, 4) Funeral Home

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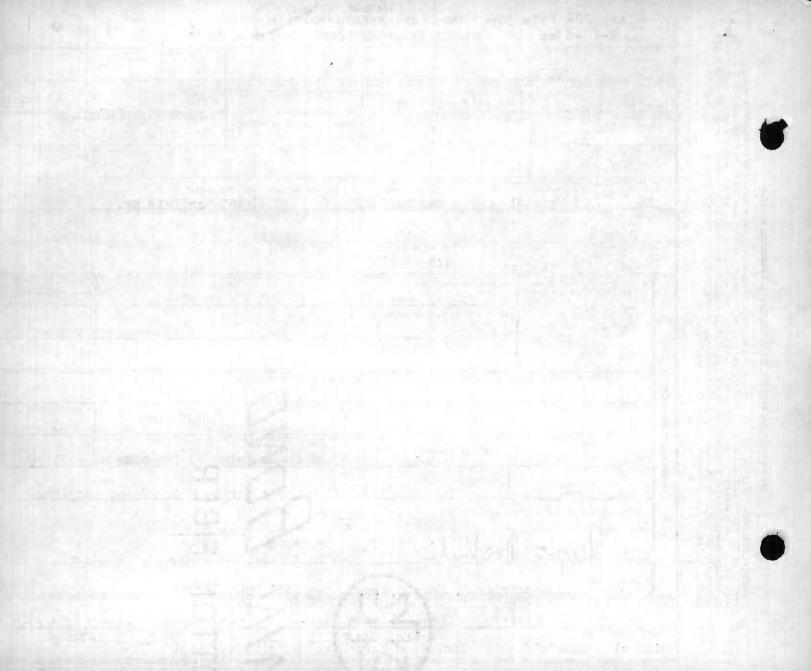
STATE OF MARYLAND

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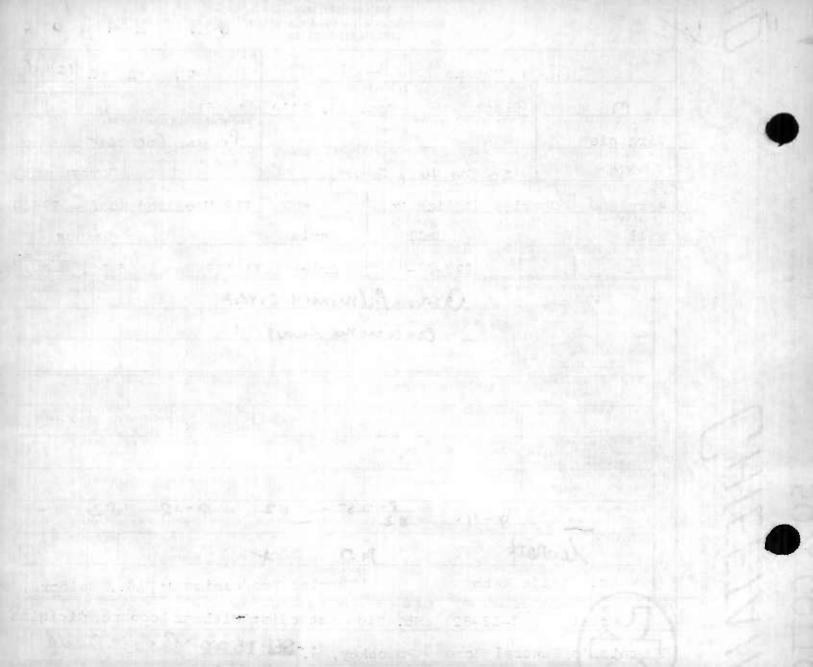
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STATE OF MARYLAND



(VRA 15, 4)



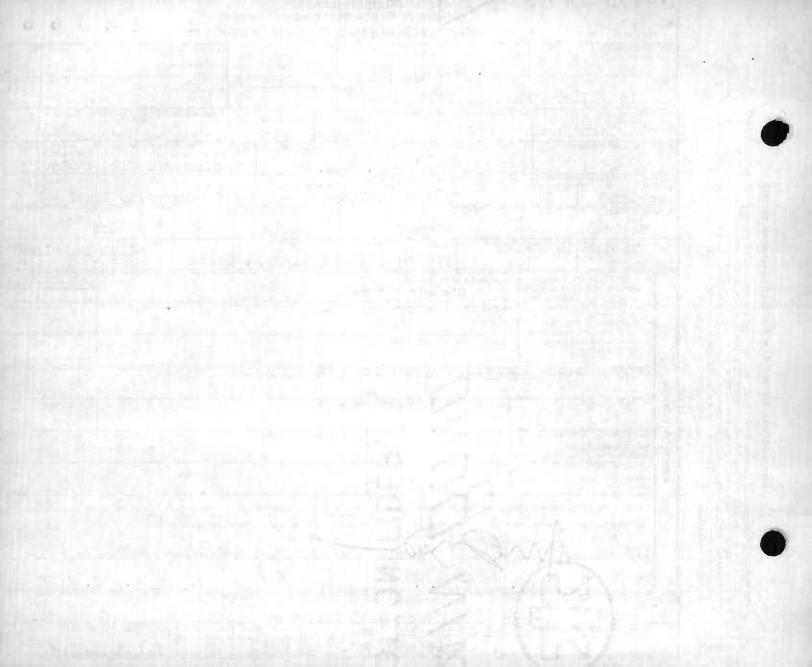
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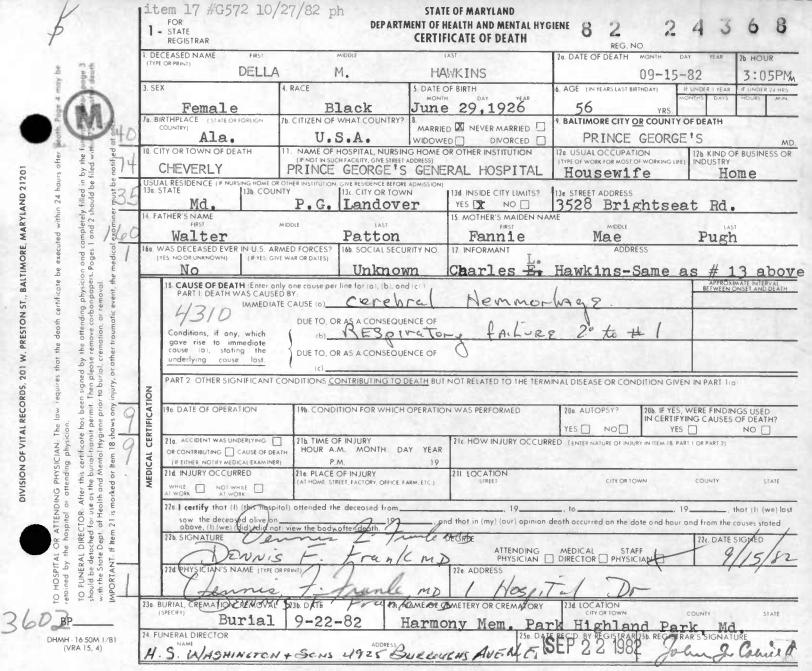
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T., BALTIMORE, MD. 21201 JURS AFTER DEATH. IF ANY DELAY 18. GIVE PAGES 1, 2, AND 3T OT IT. S. WITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD BE FILL E. DIVISION OF WITH RECORDS, 2	14. F/	THER'S NAME	4 V. H	MIDDLE .	LAS	т	R	ER'S MAIDEN		MIDDLE			LAST	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN 1EM 18. GIVE PAGES 1, 2, AND: RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RETAIN THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RETAIN TO THE CHIEF MEDICAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD REDEARMANT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECO		Condition gave ris	ATH WAS CAUSED IMMEDIAT as, if any, which the to immediate stating the under-	DUE TO, OR		QUENCE OF	ic Heart	: Disea				AF BETV	PPROXIMATE MEEN ONSET	INTERVAL AND DEATH
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os the bu		INJURY OCCURR	ILE 🗍	21e PLACE	OF INJURY PEET, FACTORY, OFFICE, I	FARM, ETC)	21f LOCATION STREET			CITY OR TOWN		COUNTY		STATE
ERAL DIRECTOR: A e detoched for use State Dept of Heol NNT: If Item 21 is m	2 2 b	certify that (I); saw the decease abave (I) (we) o SIGNATURE	d alive and did not	view the body			S ,	ATTENDING PHYSICIAN	death occurred MEDICAL DIRECTOR	STAFF	1	22c. DAT	tho (5) (1) e couses sto E SIGNED	ated
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33	13a. :	AL RESIDENCE (IF NU STATE ryland	13b. COUN P.G.	TY	13c. CITY OR TO	WN	138. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET /	ADDRESS Zi	p Code	- 2	20770
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1	100	210. ACCIDENT WAS U OR CONTRIBUTING [CAUSE OF DEAT		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNA		ITEM 18 PART I OR	PART ?)	
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di il nem 21 is mi		270 1 certify that (saw the decea abave, (I) (we) 271.				82	nd that in (my) (aur) apinian DEGREE MD ATTENDING PHYSICIAN	death accurred	STAFF	and haur and f	ram the	that (I) (we) la causes stated
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701		SPECIFY)	1	9-18-8	32 1	Washing	gton Natl-Cem	Suit	OR TOWN	P.G.	. 1	

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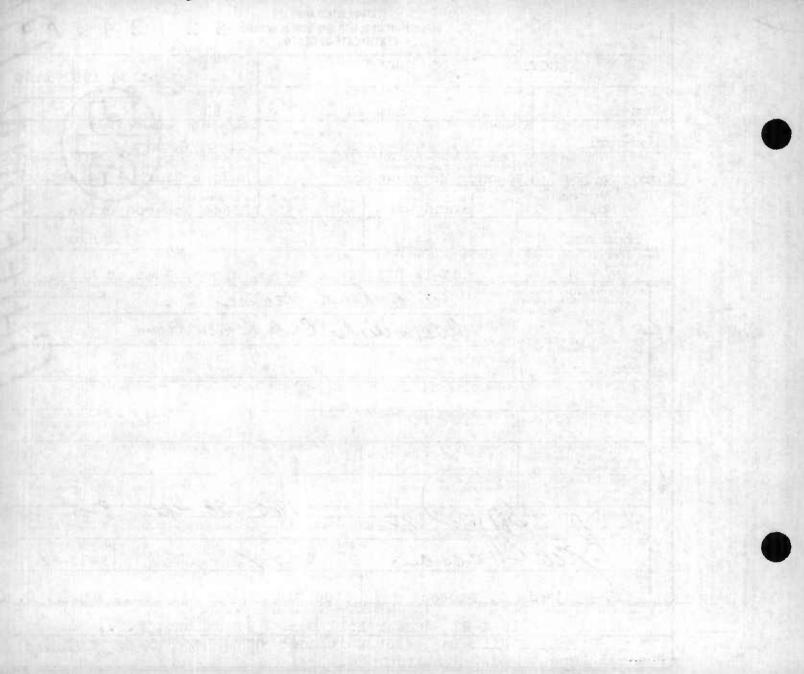
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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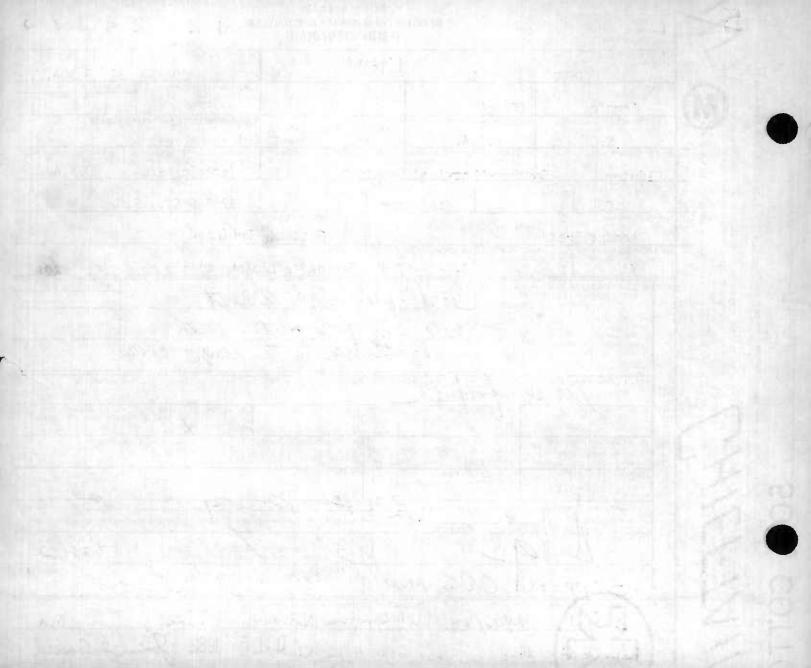
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DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or ottending physicion. After this certificate has been sig e as the buriol-transit permit. Then alth and Mental Hygiene prior to b marked or Item 18 shows any injury	21d. INJU	JRY OCCURRED	71s. PARCE	OF INJURY	7	211 LOCATION STREET		CITY C	OR TOWN	COUNTY	STATE	
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O HO TO FU Should With th	Dr	Benjam	nin S.	Pecson		6106 01	d Si	lver H	ill R	d., Wa	sh., D	
000 BP	230. BURIAL, C (SPECIFY) Bu	REMATION, REMOVA	236. DATE 10-4			EMETERY OR CREMAT		23d LOCATION CITY OF TOW Suitle	ind. F	G., I	Md. STATE	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



20M 4/82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST OF ESTI-DEATH MATED MONTH 2h HOUR (TYPE OR PRINT) 19 82 9 MARK 28 E.ward Janes 4 RACE 12:44 3. SEX & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 22,1957 25 YRS Male 19 82 Cau. June DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EOREIGN COUNTRY) U.S.A. Prince George WIDOWED DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE FUN WITH FORM PM 3, RETAIN PAGE 5, 7 T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF VITAL RECORDS, 201 W. ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Clinton Maryland Hospital Center Supervisor State of USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSIONS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 113b COUNTY 20623 P. D. Box Cheltenham 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Raymond Carol Janes, Jr. Bradford VE PAC ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes 976-1980 220-62-7355 Lillian A. James same as APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, I, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (g)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE BURIAL, YES K NO [DEPARTMENT 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY
HOUR XXXMONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 SHOULD UNDERLYING OR HOUR XXXX CONTRIBUTING CAUSE OF DEATH 12:05.M. MEDICAL 9-28- 1982 Driver in auto/truck collision 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 3 STREET, FACTORY, FARM, ETC.) road Brandywine Prince George's of Rd Md. 27a I certify that I took charge of the remains described above, held an Accident X death resulted fram: Natural causes Hamicide . Undetermined manner TITLE (SPECIFY) **ACTUAL** 9-29-82 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dixon M.D 111 Penn St., Balto., Md.21201 Ann TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF 23d. LOCATION Cemetery | L Cheltenham. P.G Burial 10-4-82 24 FUNERAL DIRECTOR Huntt Funeral Home. Waldorf, Maryland (VR A15 ME (5)) 20M 4/82

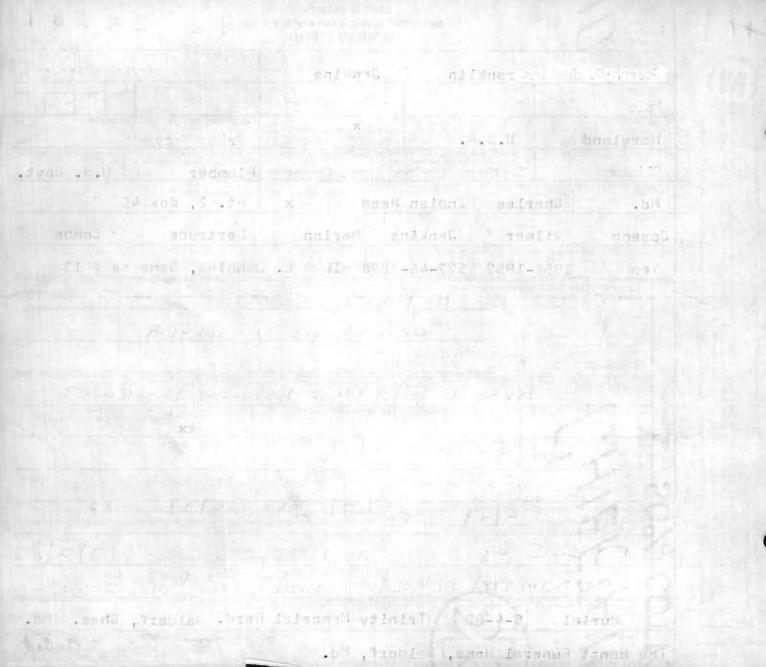
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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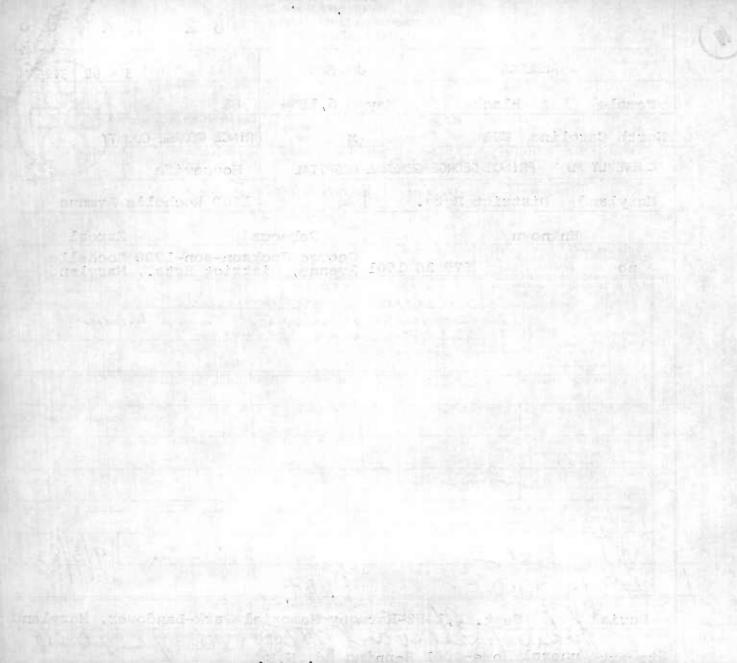


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	Riverda	ale	Eugene		nd Memo	rial	Hospital		MOST OF WORKIN	G LIFE)		OR IND	USTRY	
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14.	FATHER'S NAA					-	15. MOTHER'S MA				.,	LAST	J	
	Robert	Johnson	MIDDLE		LAST		Thelma	Beane				LASI		
160.	WAS DECEAS	ED EVER IN U.S. A	RMED FORCES?	16b 50	CIAL SECURITY	NO.	Thelma M			ADDRES		n De		
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230	BURIAL, CREM	ATION, REMOVAL		23с.	NAME OF CEA	METERY C	OR CREMATORY	23d. L	OCATION Y OR TOWN		COL	YTHU	STAT	TE.
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24	FUNERAL DIR	ECTOR	ADDR	ESS			25a. DA	TE REC'D. B	1 1982	250 REC	SISTRAR'S	SIGNATURE		
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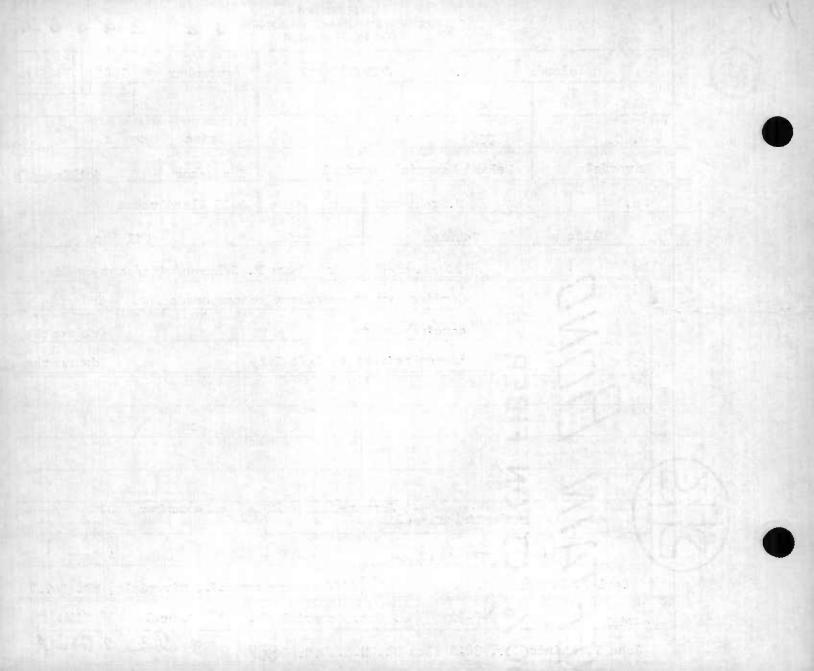
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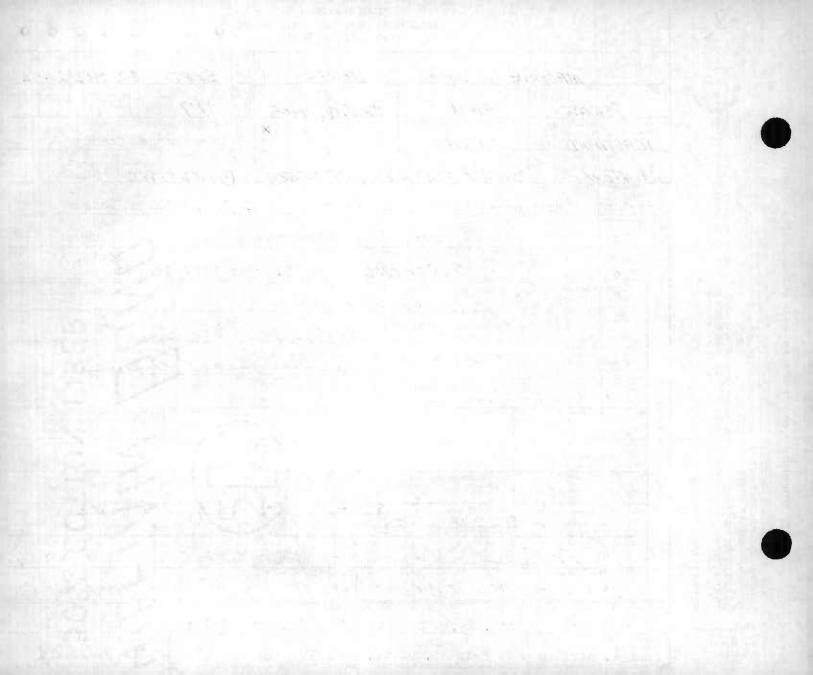
		FOR STATE REGISTRAR	DEPAR	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 2	2	2 4 3	3 8 4	
ľ		CEASED NAME FIRST ROLLAND	MIDDLE I.		NSON	20 DATE OF DEATH		DAY YEAR	26 HOUR	
1	3. SE		4 RACE	5. DATE	OF BIRTH	Septembe 6. AGE (IN YEARS LAST BIR		1982	7:25 a	
	N	fale	Black	MON	eb 24, 1919	63	YRS	MONTHS DAYS	S HOURS MIN	
1		RTHPLACE (STATE OR FOREIGN COUNTRY) D. C.	76. CITIZEN OF WHAT COUNTRY USA	? 8 MARRII WIDOW	ED NEVER MARRIED DIVORCED	Prince George's			S M	
3	,	ty or town of death Riverdale	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Leland Memori	al Ho	spital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Inspector	LIFE) INDUSTR	12b. KIND OF BUSINESS OF INDUSTRY Bolling AF		
		Md.	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE TO N. Brent		YESX NO	13e. STREET ADDRESS 4525 41st	Aven			
20		THER'S NAME Clifton	MIDDLE LAST Johnson		15. MOTHER'S MAIDEN NA/ FIRST Annie	MIDDLE		1ghman	AST	
1		VAS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (15 YES.	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 220-01-		Mrs Vors	P. Johnson/			- 0.1	
Conditions, if any, gave rise to imm couse (o), stating	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) Carcino	arre	ma of left lur	ng		One Six	Dimarke interval Nonset and pearl Iden month months		
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC			200 AUTOPSY? 200 IF YES, WERE FINI IN CERTIFYING CAUS			NDINGS USED	
1.30	- 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)				
4	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC }	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
4	1	sow the deceased alive	pitol) attended the deceosed from, on 4 September 19 not) view the body ofter death.	82	nd that in (my) (our) opinion of DEGREE ATTENDING	MEDICAL STAI	ate and had	ur and from the	e couses stated	
1			mann, M. D.		22e ADDRESS 4404 Queensb	ury Rd., Ri			pt. 198	
	(urial, cremation, remove Specify Burial			t. Memorial Pl		urel,	COUNTY	Md. STATE	
2	24 FU	John T. Rhine	es Co., 3015 12th	St.	N.E., D.C. 250 DAY	P 1 4 1982	26 PEGIS	TRAR'S SIGN	sheef	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REGISTRAR I. DECEASED NAME 2a. DATE KNOWN [MONTH 2b HOUR (TYPE OR PRINT) ESTI-Deny DEATH MATED 9 Herbert 18 19 82 Johnston 1 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD Male Caucasian 68 18 1982 a BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
No. Carolina MARRIED NEVER MARRIED USA No. WIDOWED -DIVORCED ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 13. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY 16 Ritchi FOR MOST OF WORKING LIFE) Cook Capitol Heights American Rescue Workers Restaurant Rm USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Capitol Hqt\$ YES [] Maryland Pr Geo 716 Ritchie Road NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Zebulon Vanche Johnston T Emma Feimster 16h SOCIAL SECURITY NO 12 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 501 Oakridge Blvd No Emma Johnston Lynchburg, Va 24502 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF DED TO THE CHIEF MEDICAL EXAMINE 3 SHOULD BE USED AS A BURIAL - TRAINS DEPARTMENT OF HEALTH AND MENTAL 1 PRIOR TO BURIAL, CREMATION, OR RE-Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED
AFTER DEATH WITH THE STATE DEPARTMENT OF HIBALTHANDRE, 21201 PRIQR TO BURIAL, YES NOX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21E LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK COUNTY STATE X 22s. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Natural causes death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) Denuty SIGNED 9/18/1982 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Temple Hills, Md Augusto P. Rodriguez M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL 23b DATE Lynchburg (SPECIFY) Burial 21Sept82 Spring Hill Cemetery Virginia RP 24 FUNERAL DIRECT Robert E 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wilhelm Funeral Home DHMH: 17 Suitland Maryland (VR A15 ME (5)) 15M 2/80

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8	1	FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R 2 2 3 5 5 6								
		- STATE REGISTRAR			DEI A		CATE OF DEATH	HITOILINE	REG. NO	- La	4 3	9 9
		CEASED NAME	FIRST		MIDDLE	i	NST	2a. DA	TE OF DEATH	MONTH DA	AY YEAR	26 HOUR
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22	70. B	RTHPLACE (STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	O RAIT	IMORE CITY OF	COUNTY	OF DEATH	
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101	10 C	ITY OR TOWN OF DE	ATH 1	11. NAME OF			R OTHER INSTITUTION	12a. US	UAL OCCUPATION	N	12b. KIND OI INDUSTRY	F BUSINESS OR
70	10	INTON		OTINTO	1 1 .	MIESCA	NT CENTER		OOKKE		Laund	iry
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5//	_	THER'S NAME				1 0	15 MOTHER'S MAIDEN					
660	4	Hugh	M	IDDLE	Jones		Elizabeth	h	WIDDIE		Hughe	es
10		VAS DECEASED EVER			166 SOCIAL SE		17 INFORMANT		ADDRES	SS T	Bowie,	
1	1	res, no or unknown) No	(IF YES, GIVE Y	WAR OR DATES)	578-0	1-0807	Barbara L.	Lyons	12108 T	ong R	idge La	ane
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Hygiene prior	CERTIFICATION	19a DATE OF OPERA	YOU	196 CONE	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
entol Hygiene Item 18 show		21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	HOUR A	OF INJURY C.M. MONTH	DAY YEAR	21c HOW INJURY OCC	CURRED (EN	TER NATURE OF INJURY	Y IN ITEM 18, PAR	RT 1 OR PART 2)	
olth and Mer marked ar It	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY TREET, FACTORY, OFFIC		21f. LOCATION STREET		CITY OR TOW	И	COUNTY	STATE
of He 21 is		22a. I certify that (I saw the decease above, (I) (we) (ed olive on_	9/2	16 19	0 6	d that in (my) (our) apin	nion death ac	curred on the do	te and hour		
Stote Dept.		22b. SIGNATURE	molo	0	, re	27	DEGREE ATTENDIN PHYSICIAN	IG MEDI	CAL STAF	F IAN 🗌	22c. DATE 5	27/8
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\$ 3 ₹	23a	BURIAL, CREMATION	, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATO	ORY 23d.	LOCATION CITY OF TOWN		COUNTY	STATE
		Buria	.1	Sept.	29,1982	Slate	Ridge Ceme		Delta	Y	ork	PA
M 1/76		UNERAL DIRECTOR			ADDRESS		25a.	DATE REC'D.	BY REGISTRAR	REGISTR.	AR'S SIGNATI	URE
5 (4))	J	ohn H. Har	kins	600 Ma	in St. I	Delta,	PA 17314 (JUI 1	1982	10-am	of Can	nell



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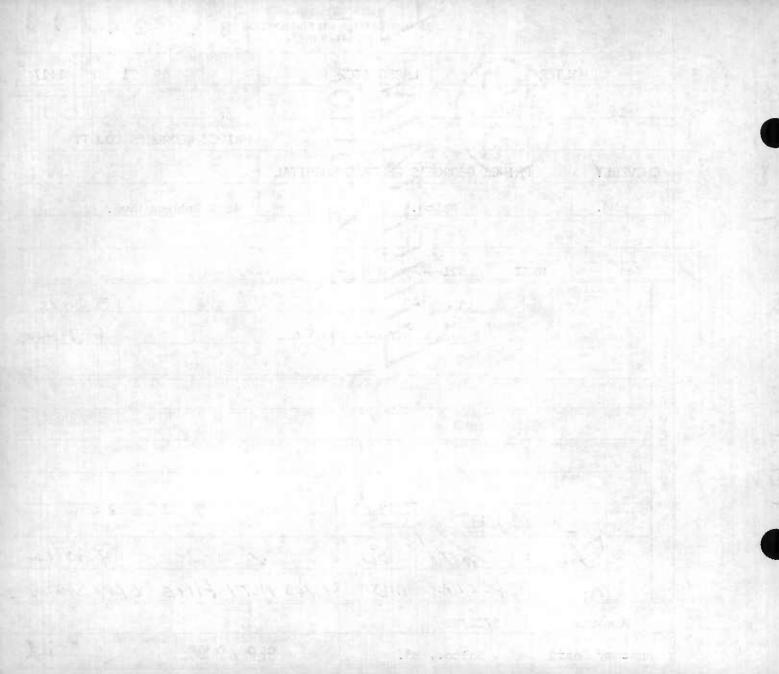
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH WONTH VE-440 2h HOUR TYPE OR PENT WALTER LACKOWITCZ 09 1 SEW 4 PACE 5: DATE OF BIRTH & AGE INCLASSIANT BRIDGAY # LINDSON, LYCKE AMCIALITY. TEAR Male White 15 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE LITTLE CHADILON 76 CITIZENIOF WHAT COUNTRY? NEVER MARRIED COUNTRY MARRIED PRINCE GEORGE'S COUNTY DIVORCED [WIDOWED IE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION 12s. KIND OF BUSINESS OR TYPE OF WOME FOR WORLD OF WORKING LIFE INDUSTRY CHEVERLY PRESTON ST. BALTIMORE, MARYLAND 21201 SOUAL RESIDENCE OF HURSING HOUSE CONFERENCIALINGS ONE RESIDENCE SEFCRE ADMISSION IL CITY OF TOWN 134 STREET ADDRESS THE INSIDE CITY CHAITS? Md. Balto. NO P 4602 Rehbaum Ave. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME **=000x** 0.657 rent WIODIN 1657 The WAS DECEASED EVER IN U.S. ARMED FORCES? Mr. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS. LITES, NO OR LINENOWNS IF YEL ONE WAS ONDATES. Yes WWIT 521-46-9550 IA CAUSE OF DEATH (Enter only one source per line for in), this, and is: PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF CHYONIC RENAL FAILURE gove rise to immediate coine (a) stating DUE TO, OR AS A CONSEQUENCE OF underlying coose fost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TILL 3 RECORDS. CERTIFICAT HE DATE OF OPERATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 78s AUTOPSYT 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? OF VITAL NOL YES. NO IT 21g. ACCIDENT WAS UNDERDRING. [7] TIME OF INJURY 214. HOW INJURY OCCURRED CENTER NATURE OF PAURY PATTER IS FART I GREARFY. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [] CAUSE OF DEATH P.M IN SITHER, NOTEY WEDICAL EXAMINED. TO 714 INJURY OCCURRED 71s. PLACE OF INJURY TH LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. | CITY OF LOWN COLMIY STATE YICH WHILE 22x.1 certify that (1) (this haspital) attended the deceased from saw the deceased of and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN CITYLE CHANNEL 77# ADDRESS 73a BURIAL CREMATION REMOVAL 73h: DATE TIL NAME OF CEMETERY OR CREMATORY THE LOCATION (SPECIF) City Of 10WH COUNTY Removal 9/22/82 24 FUNERAL DIRECTOR 75a. DATE RECID. BY REGISTRARIZSE REGISTRAR'S SIGNATURE HMH - 16 50M 1/83 (VRA 15, 4) Anatomy Board Balto., Md.



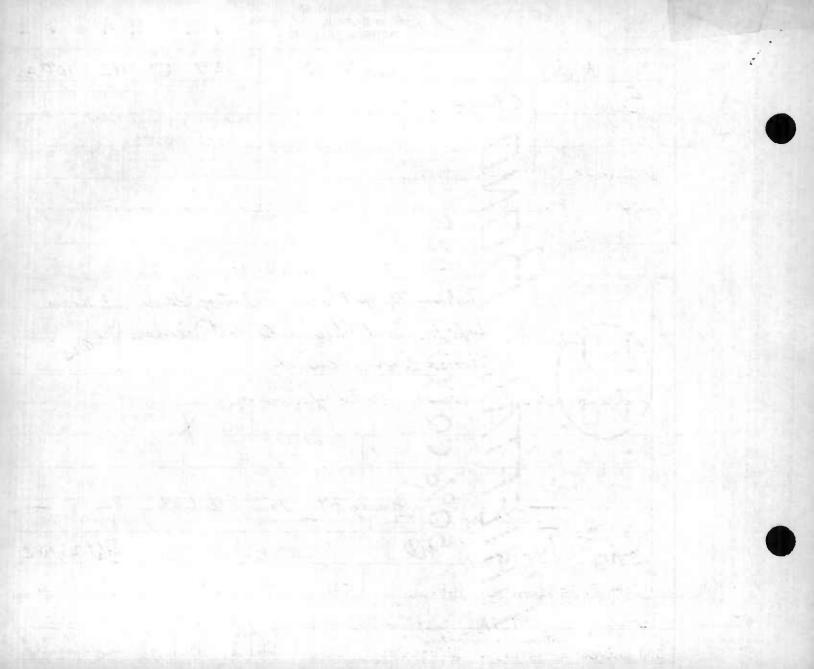
3	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIÈNE 8 2 2	4391
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	DAY YEAR 26 HOUR
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de	FEMALE	WHITE	MAY 30, DAY 1894 EAR		IF UNDER I YEAR IF UNDER 24 HRS
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70	TAKOMA PARK	SLIGO GARDENS	NURSING HOME	120, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY HOME
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or ather traumatic event,	PART I. DEATH WAS CAUS	Inly ane cause per line for (a), (b), and ED BY: ITE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	onla.	oue wite	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH "B days.
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MPORTANT: If them 21 is marked or	sow the vaccosed clima or	oital) attended the deceased from 19 200 7 19	2, and that i (my) (our) opinion	death occurred on the date and hour	
NT. #	27d PHYSIC MAN S NAME COM	34lde	DEGREE MO ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	9/18/82
MPORTA	DEBURA		ER6 1106 S		ver Spring
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	SEPT.20,1982 B	NAI ISRAEL	BALT TMORE	COUNMARYLANDATE
/81	24 FUNERAL DIRECTOR SOL NAME 6010 REISTERSTO	LEVINSON & BROS., WN RD. BALTO., M		FP231982	AR'S SIGNATURE

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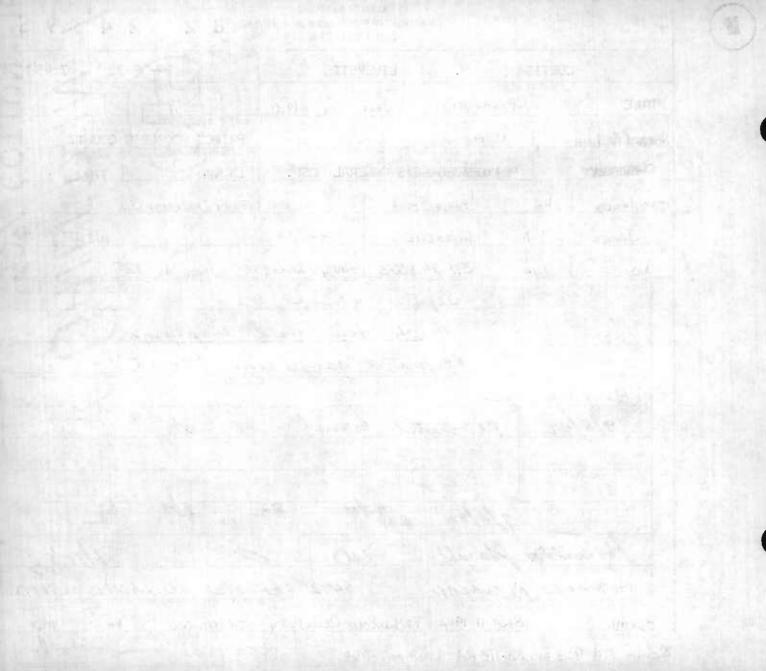
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KM)		RTHPLACE (STATE OR COUNTRY)	FOREIGN	16 CITIZEN OF	WHAT COUN	TRY? 8 MARRIE WIDOWI	D NEVER MAR			CITY OR CO	OUNTY OF DE	ATH	MD.
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s. Pages 1		VAS DECEASED EVER YES, NO OR UNKNOWN) VO		MED FORCES? E WAR OR DATES)		SECURITY NO. 4-8007	Jean E.	Daug Skarv	hter rulis	ADDRESS	Same as		E INTERVAL
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		BURIAL, CREMATION (SPECIFY) Burial		9/27/8	2	Arlingt	emetery or cre con Natio	nal		ngton	COUN	Virgir	riastate
IOM 2/80 5, 4)		NERAL DIRECTOR	Franc	is J. C	olling	ess on Suniv	o Md	25a. DATE	REC'D. BY REG	187 256.	REGISTRAR'S S	SIGNATURE C	mill



3 (W)	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	4 3 9 3
		I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 25 HOUR
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AND 212 24 hou filled in oould be	3	USU.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	1.00,000,000	EADMISSION] 13d INSIDE CITY LIMITS? 17 1/4/18 YES NO 12	13e STREET ADDRESS 706 - 60 + 4 P1	
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BALTIMORE, MARYLAND cote be executed within 24 ysicion and completely fille opers. Pages 1 and 2 should	e medicol			RMED FORCES? 166 SOCIAL SECTION OF DATES LINK NO 141	JRITY NO. 17 INFORMANT	ten 5813 Onders	+ Capital Ma
201 W. PRESTON ST., BAI es that the death certificate ned by the attending physici plesse removal.	her froumatic event, th		PART I. DEATH WAS CAUS	nly one couse per line for (o) (b), or ED BY: ITE CAUSE (o) DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU	ence of	fretun	APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH .
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Spitol or CTOR: Af	21 is mo		270 I certify the (1) this hosp sow the deceased alive or above, (1) (we) (did) (did no	osed from_19_19_	, and that in (my) (our) opinion	death accurred on the date and hour on	that (1) (we) lost d from the couses stated
by the hor by the hor by the hore e detoched	ZT: # Hen		22b. SIGNATURE	Col 91	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	9/3/82
TO HOSPITAL etoined by 11 TO EUNERAL should be defined with the States	MPORTANI		PLCITO	ESKY NIA	22e ADDRESS	Rueleville Pi	le #502
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3 (M)	1	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 4 3 9 CERTIFICATE OF DEATH REGISTRAR										
poge 3		CEASED NAME FIRST CURT	IS	W.		RETTE	7.5	20 DATE OF DEATH MONTH D.		7:45PM		
4 may	-	IALE	4. RACE CAUCAS	CARIS	5 DATE C	DAY	YEAR 1910	71 YRS.	FUNDER I YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
The state of the s	No	IRTHPLACE (STATE OR FOREIGN COUNTRY)	USF		WIDOWE		VORCED [9 BALTIMORE CITY OR COUNTY OF PRINCE GEORGE'S	COUNT			
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TIMORE be exec- on and a n. Poges		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	IRMED FORCES?	578-24-60		Gladys	LIVERE	TIE SAME AS 13				
01 W. PRESTON ST., 8 that the disoth certifice d by the attending phy- legal semantion, or remon- or other traumatic event		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	Septi Peri) OR AS A CONSEQUE Perfor	NCE OF VNI	shoe tis gan	and greni	l empyena ous bornel	31.11,11.0	MATE MIERVAL NISET AND DEATH		
M. RECORDS, 2 Me fore requires on Nos been signe represent. Then p ones prior to buy days any mirry.	IFICATION	PART 2 OTHER SIGNIFICANT Emphys 190 DATE OF OPERATION 9/8/82	ena	ONTRIBUTING TO D					WERE FINDIN			
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OR ATTENDANG I he hospital or othe DIRECTOR: After I oched for use on the Dept. of Health on If ferm 21 is market	N	WHILE AT WORK 220.1 certify that (1) (this has saw the deceased alive a above. (1) (we) (did) (did not be seen as a saw the deceased alive a above. (1) (we) (did) (did not be seen as a saw the deceased alive a above. (1) (we) (did) (did not be seen as a saw that	oital) attended/t	ne deceased from	9 22 01	DEGREE	(our) opinian o	=, 10	9 82 1			
10 HOSPITAL retained by 1 70 FUNERAL should be det with the Stote	730	GEPAPED BURIAL, CREMATION, REMOVA	MG		LAME OF C	22e ADDRES	PHYSICIAN E	DIRECTOR PHYSICIAN DE PROPERTOR POR PROPERTOR POR PROPERTOR POR PROPERTOR PR	report	RHD		
38038P		BURIAL UNERAL DIRECTOR	SEPT 1			IN CEM		BRENTWOOD	P6.	MD .		
(VRA 15, 4)	6	RANT F.H. 9013 A	NAPOLIS	Rd. LANh	em I	nd.	SE	P 1 7 1982 John	J. Con	mely		



12.30 Med Sept. 20700 terms then it is to be particular A TO THE PARTY OF and the same of the same

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 2b HOUR Lovd 22 - 82Sept DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR MONTH June 16.1928 54 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georges WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Southern Maryland Hospital Glazer Miles Glass 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Forestville YES E 3100 Lakehurst Avenue NO T 15. MOTHER'S MAIDEN NAME

MIDDLE

ADDRESS

Davis

COUNTY

Harriet Jean Loyd Same as #13 8721 APPROXIMATE INTERVAL IMMEDIATE CAUSE (o) Cardiopulmonary Arrest (b) Metastatic Colorectal Cancer PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0

Thelma

17. INFORMANT

211. LOCATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [? Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1'OR PART 2)

> DODE ZZ 10 82 , and that in (my) (all) opinion death occurred on the date and hour and fram the causes stated

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 9-22-82

CITY OR TOWN

22ª ADDRESS Hvattsville.

PHYSICIAN DIRECTOR PHYSICIAN

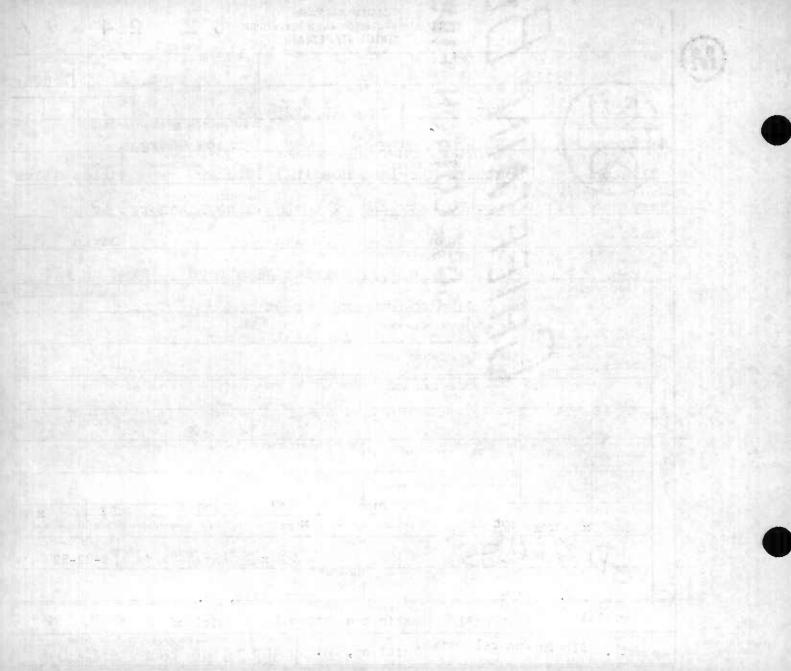
23d LOCATION

NOF

STATE

(SPECIFY)Burial MSTATE Suitland Washington National 24Sept82 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE Wilhelm Funeral HomanessSuitland, Md.

DHMH- 16 30M 2/80 (VRA 15, 4)

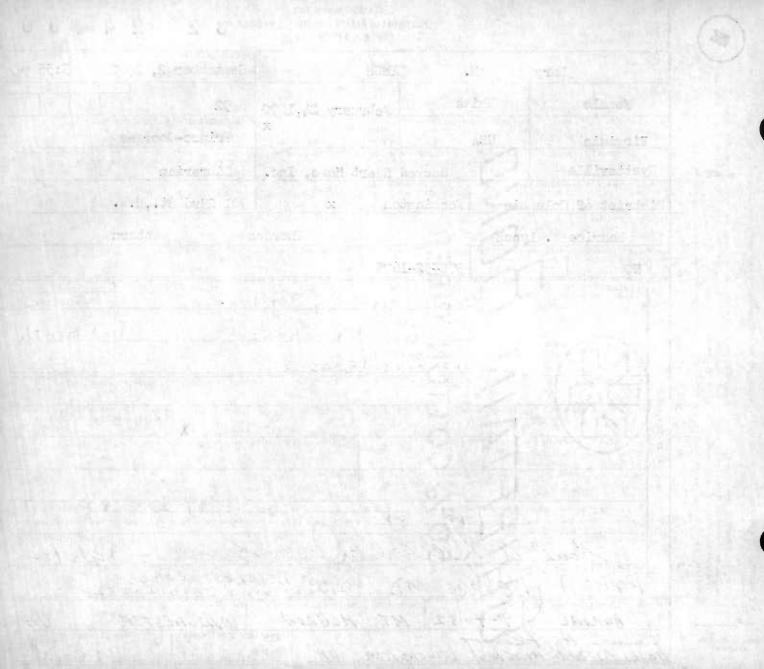


	1.	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HY	GIENE 8 2	2 .	4 3	9 3
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10	LUSU	enbelt AL RESIDENCE (IF NURSING HOME STATE 1130 CO	OR OTHER INSTITUTIO		BEFORE ADMISSION	,	Housewi f	e	Own Ho	
should be seen in 24	M	d. Mon	tgomer	y Sil.	Spr.	13d. INSIDE CITY LIMITS? YES NO	733 Slig	o Aven	209: ue,#6	
and 2 ond 2	14. 17	THER'S NAME FIRST Victor	MIDDLE	Nepo		15. MOTHER'S MAIDEN NA	AME		LAST	
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hysicial papers. aval.		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAUS	only one couse p SED BY:	per line for (a), (b	, and (c)		uccer	J.	APPROXIMAT BETWEEN ONSI	E INTERVAL
ending p corban n, ar rem motic eve		4409	DUE TO,		A'CCC	cu bi hu	1.000		6 m	acy.
by the ott se remave crematia sther trau		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO,	V		scycleson.		4	200	e
ugned been plea en plea burial, ury, ar a	z	PART 2 OTHER SIGNIFICANT	(c) CONDITIONS			NOT RELATED TO THE TERM	AINAL DISEASE OR CONE		N PART 110	
ermit. The	CERTIFICATION	DATE OF OPERATION	19b CON	IDITION FOR WE	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS CAUSES OF	USED DEATH?
ysicion cote ho ansit p Hygieni 8 shaw	CERTIF	210 ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES []	40 🗌
certifis urial-tr Aental	MEDICAL	OR CONTRIBUTING CAUSE OF D	ER)	P.M.	DAY YEAR				1,000	
s the b s ond A ond A	MEC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET FACTORY, OF	FICE, FARM_ETC)	211 LOCATION STREET	CITY OR TOV	NV.	COUNTY	STATE
or use a control of the control of t		22a.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did r	pital) attended	he deceased from		d that in (my) (our) apinian	death accurred on the do	te and hour and	from the cou	(I) (we) los
the hasp L DIREC: troched f e Dept. c		22b. SIGNATUIII	not view the boo	dy after death.		PEGREE	G MEDICAL STAF		Seld 6	No.
on Establish		224 PHYSICIAN'S NAME (TVH	•			27e ADDRESS		reenbe	1+ Mc	1
retained by TO FUNERA should be de with the Stat	220 5	Dr. Till B			22. NAME OF C	Greenbelt	Proff. Blo	lg Cen	ter Wa	у
3P	/30. 6	Burial Burial	9/11	/82	Saarxke Kivers	METERY OR CREMATORY ide kknys Cemet	23d LOCATION CITY OR TOWN erv Huron		Dak	state sot-a
H - 16 50M 1/81 (VRA 15, 4)	Va Wa	neral direction	phrey,	Inc.S	O. Box	7428 250 DAI	ery Huron TE RECD. BY REGISTRAN EP 141982	Sh REGISTRAR	SSONACRE	mel

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR						- 4
			DEPART		EALTH AND MENTAL HY	0 6	2 4 4 0
	EASED NAME FIRST		MIDDLE	4.	AS1	REG. NO.	ONTH DAY YEAR 26 HOUR
TITPE	OR PRINT) MINN	E	W.	M	ARTIN		09-17-82 10F
3. SEX		4 RACE				6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS
	Female			May		81	YRS.
C	OUNTRY			MARRIE			
		11. NAME OF	HOSPITAL NURSII				RGE'S COUNTY
		(IF NOT IN SUC	H FACILITY, GIVE STREET	T ADDRESS)		TYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY Libra
USUA 130. S	L RESIDENCE (IF NURSING HOW TATE 138 CO	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	L-1-4 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.	in Code - 20737
Ma	ryland i				YES NO		aan Street
14 FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
					Unknown		
							Address Same am
No			212-12-	7866	Mrs. Elderge	an Marks	No# 13e.
	18 CAUSE OF DEATH Ente	only one couse per	line ty (b), or	nd (c)	1	60	APPROXIMATE INTERV
			Ices	sin	Don To	Elene.	1616
	couse (a), stating the underlying couse last	DUE TO.	Visionseon	From	· Myelon	-	
Z O	PART 2 OTHER SIGNIFICAT	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1 0
ATIC	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? 2	206. IF YES, WERE FINDINGS USED
TIFIC	8-9-8	de	- our	. 01	lee	YES TO NOTE	N CERTIFYING CAUSES OF DEATH
CER		· · · ·		AV VEAR	THE HOP INJURY OCCUR		
CAL		DEATH		19			
VEDI	21d INJURY OCCURRED			FARM FIC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY 51
<	AT WORK NOT WHILE AT WORK			1		,	
		CA / 1-	e deceased from_	7/2	, 19_		\$2_19, tho (1) (w
	saw deceased alive sage (I) we) (did) (dia	not hew the body	offer death.	, an	d that in (our) opinion	death accurred on the date	and hour and from the causes star
	17h SIGNATURE	1)					22c DATE SIGNED
	Collect	tude	com	-/	PHYSICIAN [NO 4/18/8.
	224 PHYSICIAN'S NAME (A	PE OR PRINT)			22e ADDRESS		
	ROBERT RUE	DERMAN, M.					LEGE PARK, MD
			0.2	NIAME OF CE	METERY OR CREMATORY	23d LOCATION	
23a. Bi	URIAL, CREMATION, REMOV	7AL 23b. DATE 9-21-4			coln Cemetery	CITY OR TOWN	COUNTY
	70 BIII CONC. NCC. NCC. NCC. NCC. NCC. NCC. NCC	Female To BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina 10 CITY OR TOWN OF DEATH CHEVERLY USUAL RESIDENCE (IF NURSING HOW 130. STATE Maryland 14 FATHER'S NAME FIRST Unknown 160 WAS DECEASED EVER IN U.S. (IF YES, NO OR UNKNOWN) 18 CAUSE OF DEATH Enter PART I. DEATH WAS CAI Conditions, if ony, which gove rise to immediate couse iol, storing the underlying couse lost PART 2 OTHER SIGNIFICAT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF COUNTRIBUTING COUNTR	Female White To BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina 10 CITY OR TOWN OF DEATH CHEVERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130, STATE MARYLAND 14 FATHER'S NAME FIRST Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (I) Conditions, if ony, which gove rise to immediate couse iol, stofting the underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CO 190 DATE OF OPERATION 190 CONDITIONS CONDIT	Female 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina 10 CITY OR TOWN OF DEATH CHEVERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE GEFORGE 130. STATE 13 COUNTY Maryland 14 FATHER'S NAME FIRST Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH Enter only one couse per limit (b), or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Conditions, if only, which gove rise to immediate couse lost storing the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OR CONTRIBUTING COUSE IDST. 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONTRIBUTING COUSE OF DEATH OR CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING COUSE OF DEATH OR COUSE	TO BIRTHPLACE (STATE OR FOREIGN TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina 10. CITY OR TOWN OF DEATH CHEVERLY U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OWNERS OF OTHER HOSPITAL, NURSING HOME OWNERS OF DEATH OWNERS OF OTHER HOSPITAL, NURSING HOME OWNERS OF OTHER HOME OWNERS OF OTHER HOSPITAL, NURSING HOME OWNERS OF OTHER HOSPITAL, NURSING HOME OWNERS OF OTHER HOSPITAL, NURSING HOME OWNERS OF OTHER HOME OWNERS OF OTHER HOSPITAL, NURSING HOME OWNERS OF OTHER HOME OWNERS OF OTHER HOSPITAL, NURSING HOME OWNERS OF OTHER HOME OWNERS OF OTHER HOSPITAL, NURSING HOME OWNERS OF OTHER HOME OWNERS	Temple	Permale

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STATE OF MARYLAND

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	FOR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	GIENE (C) (C)	0 4 4 0
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	24404
	DECEASED NAME FIRST	MIDOLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
1	DOUGLAS	E	MATTISON	09	01 82 7:25A.MM
W)	Male	White	NOV 21 1904	6. AGE (IN YEARS LAST BIRTHDAY) 77	MONTHS DAYS HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Georges	NTY OF DEATH
10.	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (Type of work for most of workin Supervisor	126, KIND OF BUSINESS OR
2 13	STATE OF NURSING HOMEOR	R L HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	Terrace
717	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		Rachut
/ 160	WAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESCTO Mattison 1724	ofton, Maryland
200		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		AINAL DISEASE OR CONDITION	GIVEN IN PART 1(b)
2	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CALLES OF DE	ATH HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1	ARM, ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive or	otte ded the deceased from	, ond that in (my) (our) opinion	death accurred on the date and	hour and from the couses stated
7	220 PHYSICIAN'S NAME (TYPE	Ource go A.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
1	Robert J. Gere	eige, M.D.	203 Yoakum Pa		kandria, Va.22304
	a. BURIAL, CREMATION, REMOVAL	4Sept82 Ce	NAME OF CEMETERY OF CREMATORY edar Hill Cremat		
/82	FUNERAL DIRECT Robert Suitla	E Wilhelm Fund Maryland	neral Home 250.DA	TE REC'D. BY REGISTRAR 255, REC	GISTRAR'S SIGNATURE

THE RESERVE OF THE PROPERTY OF S. S. Marine Brooks September 1984 at the second of the second se HOLE LA SECUEL HEALTH OF STREET

AN .	1	FOR - STATE		DEPAR	TMENT OF H	OF MARYLAND	YGIENE 8	2	2 4 4	0 5
(MAI)	I DE	REGISTRAR CEASED NAME	EIRST	MIDDLE		CATE OF DEATH	In page	REG. NO		
90		OR BRIATS	HOWARD	E.	MC CAT		Ze DATE C	F DEATH MONTH		11:30РМ
4 may har, pag ofter de	3 SE	×	4 RACE CAUCA	OTAN	5. DATE O	F BIRTH	6 AGE (IN	YEARS LAST BIRTHDAY)		IF UNDER 24 HRS HOURS MIN.
direction of the contraction of	70 B	IRTHPLACE (STATE OR FORE		WHAT COUNTRY	2 8	/ 9, DAY 1909 YEAR	9 BAITIM	73 Y	RS.	
un 72 h	Ni	EWJERSEY	u.s.,	۸.	WIDOWE				E'S COUNTY	MD.
by the filled with		CHEVERLY	PRINCE	GEORGE 'S	GENER	AL HOSPITAL	12ª USUAL (TYPE OF WO	OCCUPATION RK FOR MOST OF WORKE	NG LIFE) 12b. KIND OF INDUSTRY ILWAY EXPR	BUSINESS OR
filled in	13a M#		COUNTY GEORGES	13t. CITY OR TO LANHA	WN	13d INSIDE CITY LIMITS?	13e. STREET		POWHATAN S	TREET
ond 2 sh	14 F	ALONZO	MIDDLE	CATHRÂN		15 MOTHER'S MAIDEN N	IAME	WIDDIE	ANDERSON	20706
Pages 1	16a \	VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	721-0	1-8769	NANCY J. G			85 CARRIAG LD, ILL 60	
has been signed by the attendin t permit. Then please remove carb tene prior to burial, cremation, ar- overany injury, or other traumatic	CERTIFICATION	Conditions, if any, we gove rise to immediate to stating underlying cause PART 2 OTHER SIGNIFICATION OF THE PROPERTION	hich (b)_ liote the DUE TO, O CANT CONDITIONS C Myobac	terral	DRY AND UENCE OF DEATH BUT I	PNEUMONI, MIA NOT RELATED TO THE TER WAS PERFORMED	RMINAL DISEAS	OPSY? 206. 11	GIVEN IN PART TO GENERAL FOR FORS, WERE FINDING ERTIFYING CAUSES O YES O	USED TO THE TOTAL
certificate orial-transi Vental Hygi Item 18 sh	MEDICAL CER	21g. ACCIDENT WAS UNDERLOWN OR CONTRIBUTING CAU	SE OF DEATH HOUR A.	.M. MONTH [M.	DAY YEAR	21¢ HOW INJURY OCCU	JRRED (ENTERN	ATURE OF INJURY IN ITEA	A 18 PART I OR PART ?)	
and N	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAT HOME ST	OF INJURY REET FACTORY OFFICE	FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
d for use or t. of Health n 21 is mor		22a.1 certify that (1) (the saw the deceased above (1) (we) (did)	olive on 9/1	e deceased from		that in (my) (aur) apinio	Z, to_	9/16 ed on the date and		ot (I) (we) lost
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should be d		GERAP	DO M	GACA		6492 L		IER RI	. LAND	OVER M
- 5 / 5		BURIAL, CREMATION, REA	9/20	7/82	FT. LI	METERY OR CREMATORY NCOLN		ATION FOR TOWN ENTWOOD	PRI GEO	MÖ.
MH - 16 50M 1/81 (VRA 15, 4)	24. FI	UNERAL DIRECTOR OO UNIV.BLV	FRANCIS J. D.,W.,SILVE	1000011	G, MD. 2		SEP 20		GISTRAR'S SIGNATUR	RE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN Sept DAY (TYPE OR PRINT) ESTI-12 19 82 PEGGY DEATH MATED JANE MCMILLAN 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS DATE 1945 AR LAST BIRTHDAY) PRONOUNCED 3 Female Negro To 82 DEAD YR5 79. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! N.C. USAS WIDOWED [DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY HILLCREST HGTS 3001 Branch Ave, Apt. 109 SOCIAL WORKER COVERNMENT ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) P.G. 130. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MD HILLCREST HGTS YES BRANCH AVE. #109 NO 3001 18. GIVE PAGES 1 2. 8. S. WITH FORM PM 3. AIT. PAGES 1 AND 2. SH. E. DIVISION OF WITH I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST L.EROY MCMILLAN ALICE TILLERY 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS LANDOVER, MD (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATEST 76 NO 5707 BARBARA GLOVER SISTER 7713 SWAN TERR. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease AND MENTAL HYGIEN ATION, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-F HEALTH AND MER AL, CREMATION, C lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION ARDED TO THE CHIEF N CGE 3 SHOULD BE USED A TTE DEPARTMENT OF HEA (20) PRIOR TO BURIAL, C USED / 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORWARD

TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE I
BAL FMORE, MARYLAND, 21201 Autapsy 22a I certify that I took charge of the remains described above, held an Natural causes Hamicide Undetermined manner TITLE (SPECIFY) 9/12/1982 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Rodriguez M.D. (TYPE OR PRINT) ADDRESS 5009 Rayburn Ct. Temple Hills. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIF REMOVAL COUNTY STATE HUNTER ODOM FUNERAL HOME 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAN ALEXANDER S. POPE 2617 PENNSYLVANIA AVE S.E **DHMH-17** (VR A15 ME (5)) 15M 2/80

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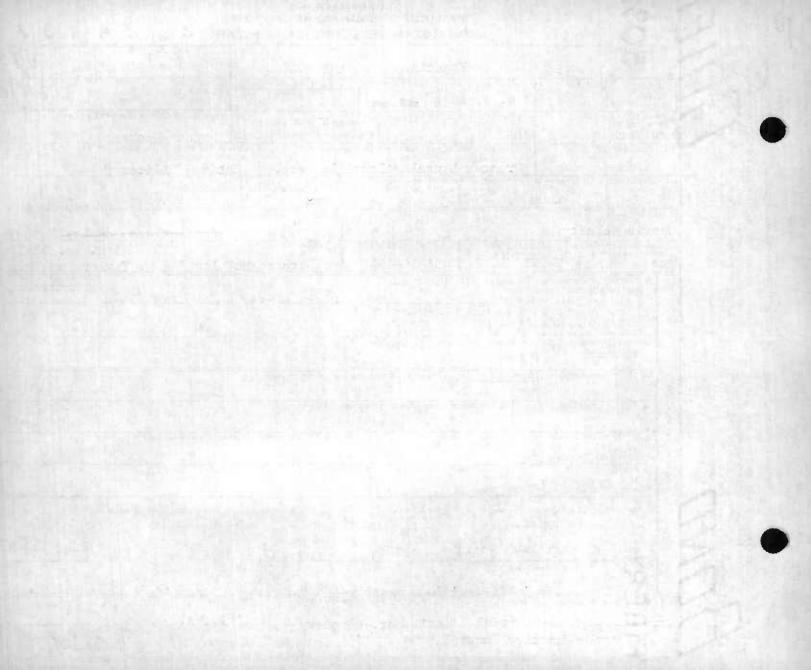
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REMOVAL SEP 16,1982 NUMBER ODGM FURERAL ROWE BOILT WOULT. M.O.

ALLIANDSE S. POPE 2617 PRINSYLVAVIA AVE S.S.

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RECORDS,	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, FF MEDICAL EXAMINER ALONG WITH FORM PM 3. ED AS A BURIAL TRANSIT PERMIT. PAGES, AND 2 SE HEATTH AND MENTAL HYGIENE, DIVISION OKVITAL F AL, CREMATION, OR REMOVAL.		PART 2 OTHER SI	GNIFICANT CONDITIONS		TO DEATH B	UT NOT RELA	TED TO THE TERM	INAL DISEA	SE OR CONDITIO	N GIVEN IN P	ART 1 (a).							
0	AN A	CERTIFICATION											8 20						
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DIVIS	IR: THIS CERTIFICATE SHOULD ATE, WRITING THE WORD."P ORWARDED TO THE CHIEF I R: PAGE 3 SHOULD BE USED ID: 21201 PRIOR TO BURRIAL, ID: 21201 PRIOR TO BURRIAL,	WED	21d INJURY C	NOT WHILE I			F INJURY DRY, FARM, E		211. 10	OCATION STREET		ÉB	CITY OR TO	OWN		cou	Y7M		STATE
•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 2		220. I certif death results	fy that I took chorded Iram; Notu	ge of the ren		ribed abo		Auto cide _	, Hami	Inspection cide ,	Unde	Inquiry termined m	nanner [],	n my ap			
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deot			Aniel		Miglia					Sept		1982	7:30p
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1 1 DA	1	IRTHPLACE (STATE OR COUNTRY)		76. CITIZEN OF	F WHAT COUN	MARRI	D NEVER	MARRIED -	_	ORE CITY OR			
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And a	USU	emple Hil	SING HOME O	3702 G	ull Rd	BEFORE ADMISSION			Carp	enter-	Ret.	Constr	ruction
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iene prior	CERTIFICATION	19e DATE OF OPERA	TION	19b. CON	DITION FOR W	HICH OPERATION		-	20¢ AUT	OPSY?	Ob. IF YES, N CERTIFY YES	WERE FINDIN	IGS USED OF DEATH? NO
burial-transit per Mental Hygiene or them 18 shows		210. ACCIDENT WAS UN			OF INJURY	DAY YEAR	21c. HOW I	NJURY OCCUP	RED (ENTERN	ATURE OF INJURY IN	ITEM 18 PAR	RT OR PART 2)	
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7		BURIAL, CREMATION LSPECIFY BURIAL	, REMOVAI		100	23c, NAME OF				YORTOWN		COUNTY	STATE
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OM 4/B2		UNERAL DIRECTOR			ADD	Oxon I	IIII Rd.	236. DA	P 20	PEGISTRARI 1982	Incepte	A PHONAN	JRE .
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Bowie, Md

(VRA 15, 4)

16000 Annapolis Rd.,

STATE OF MARYLAND

Rebucca 84 MCLING Sentember 26, 1982 LS Female Cauc. Cauc. 1891-1191 West Wilding all USA x x x Prince Bloross Bowie 12107 Lincen Lane Source Returns Haryland Prince George Bowle as a second 12707 Links Link 226-36-36-6326-Je n.H. Nollmo 2 me na lite The state of the s THE IN THE SECRET STREET STREET, STREE John Cosmo, M.C. - 10300 Gall ont Fox La., Scrie, Mr. Burist Scot 29 1982 Mt. Hebron Cem Windhester, Wingins Gell Finer | mene 16000 Annaoclis Rr., Soule Mr.

attending physicion and completely filled in nove corbangapers. Pages 1 and 2 should be

by the attending physician and

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-5	REGISTRAR		CERTII	FICATE OF DEATH	REG. N	C. Sim	4 4	
		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YEAR	2b. HOUR
	TITTE	PEARL	ELIZABETH	MOOR	EHAND	SEPTEMBER	22, 198	32	0:32P.M
	3 SE	X	4. RACE	5 DATE		& AGE IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
b .	FE	EMALE	NEGRO	APRI		51	YRS	HS DATS	HOURS MIN.
		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
27		COUNTRY) WYORK	UNITED STATE			PRINCE GEO	ORGE'S C	COUNTY	AAD
28	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE MALCOLM GROW	URSING HOME (OR OTHER INSTITUTION	12g USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIFE	ION I		BUSINESS OR
11	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)					20032
11		Kancoa	ST. OF COLASH.,		YES A NO	273 NEWCOM	MR CT	MACH	
1	_	ATHER'S NAME	or odnibir.,	В.О.	15 MOTHER'S MAIDEN NA		пр 51.,	WASH.	, D.C.
01		FIRST	MIDDLE	ī	FIRST	WIDDIE		LAST	
0		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	A207	S NEWCOM	B STR	EET
0	NC			4-8674	ARTHUR A. MO	OREHAND WAS	SHINGTON	D.C	. 20032
		18 CAUSE OF DEATH (Enter on	nly one couse per line for (o), (l	ol, and Ici.)					ATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY:		EST CARDIAC	ARREST		OL I WELL OF	SET AND DEATH
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		Conditions, if ony, which	() X	EOUENCE OF					
	12	gove rise to immediate	DUE TO OBAS A COME	FOUR VICE OF					
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n	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?"	20b. IF YES, WE		
1	TIFE		The second			YES NON	IN CERTIFYING		PEATH?
4		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LUCUID A M MONITU	DAY YEAR	21c. HOW INJURY OCCUR				
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19					
	MEDICAL	216. INJURY OCCURRED	(AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	-	AT WORK AT WORK						7	
		220.1 certify that (1) (this hospit	tol) ottended the deceased for	02	16 19 82	to _SEPTEMB			ot (I) (we) lost
70		sow the deceased alive on above, (1) (we) (did) (did no	SEPTEMBER 22	19_02_, at	nd that in (my) (our) opinion	death occurred on the do	ote and hour and	from the co	uses stated
		226. SIGNATURE			DEGREE	Mary Comment		22c. DATE SI	GNED
		X Richard	Ingles		ATTENDING PHYSICIAN [MEDICAL STAF		SEP.	22, 198
		226. PHYSICIAN'S NAME ITYPE O	R PRINT)	MO	22e. ADDRESS MAT COT M. CD.	OU HOAD MED	CEN AN	DDELLC	ATT ME
1		RICHARD SNYDE	K, CAPT, USAF	, MC	MALCOLM GR	OW USAF MED)331	AFB, MD

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has be

24 FUNERAL DIRECTOR Robert G. Mason Funeral Home 1661 Good Hope Rd

23b. DATE

9/28/82

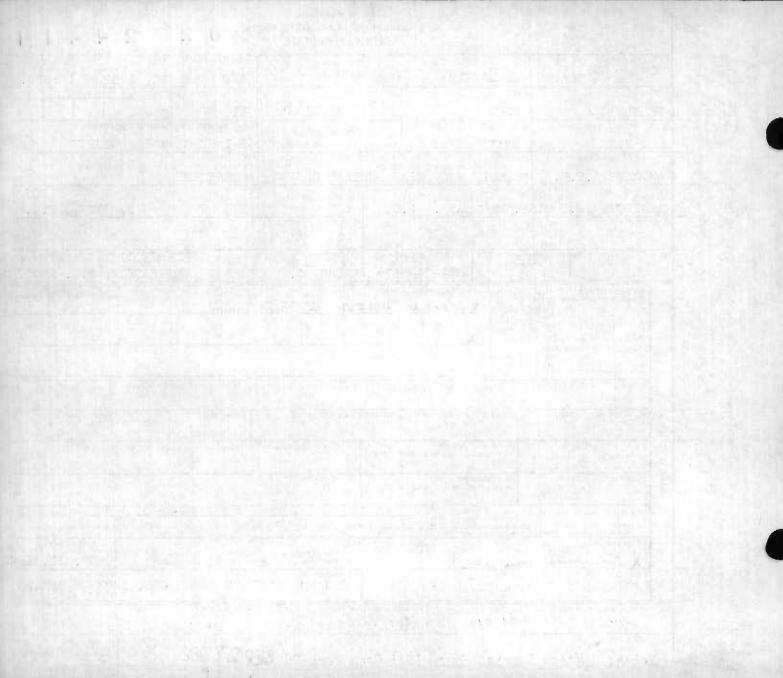
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Arlington National Arlington.

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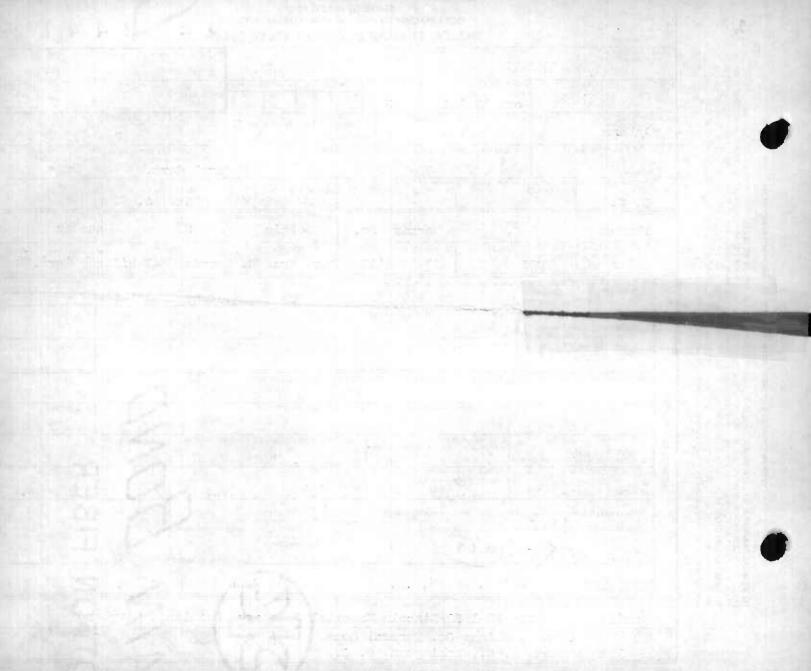
COUNTY Va.

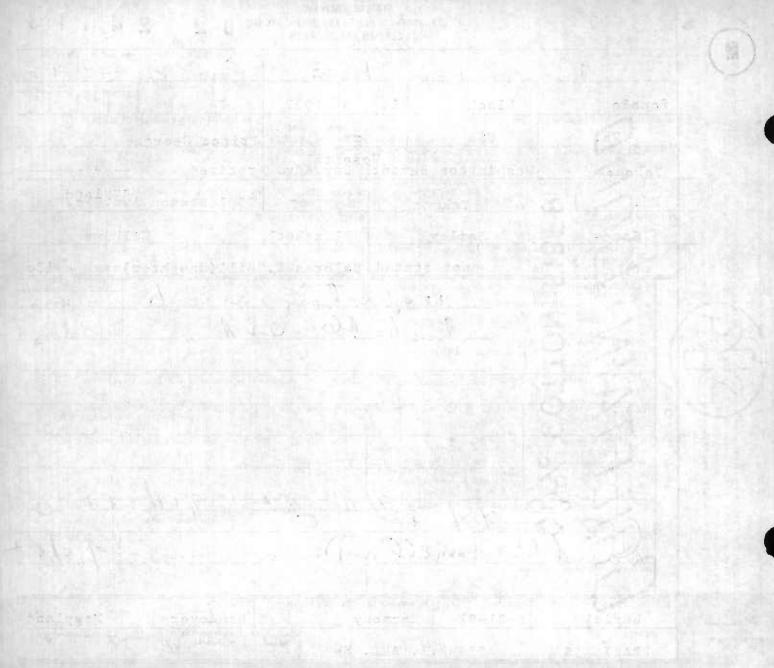
STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE® - STATE REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI **THOMAS** MORRIS ,JR. DEATH MATED 4. RACE AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST SIRTHDAY) PRONOUNCED MALE BLACK 2:10 Nov. 17 1918 63 yes 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Alabama U.S.A. Prince George County DIVORCED D. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Landover 827 Belhaven Drive None Federal Govt. SUAL RESIDENCE (IF IN NURSING HE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS M St., S. W. D. C. 430 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Thomas Dottie Hatcher Morris Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. **ADDRESS** (YES, NO. OR UNKNOWN) Rev. Fred D. Morris 847 Hilltop Terr.SE Yes 423-07-0113 WWIT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BART I DEATH WAS CAUSED BY Multiple cunshot wounds Weapon: Unspecified DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) WRITING III.
WARDED TO THE CHIEF.
PAGE 3 SHOULD BE USED AS
STATE DEPARTMENT OF HEA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY EST UNDERLYING OR 9/23 subject shot CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME 21f LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFRE DEATH, WITH THE STATE DE BALTHWORE, MARYLAND, 21201 P STREET, PEOUPON, ETC.) 1827 Belhaven Drive, Landover, PrinceGeoCo.MD outside AT WORK AT WORK 220 I certify that I taak chase of the remains described above, held an Inspection Inquiry and in my apinian Hamicide XX Undetermined manner Accident death resulted fram: TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Sep-30-1982 Lincoln Memorial Cemetery Suitland, Maryland Burial BP REGISTIA STICKARLANCE 24 FUNERAL DIRECTOR John T. Rhines Co. Funeral Home **DHMH - 17** 3015 12th Street, N. E. Washington, D. C. (VR A15 ME (5))

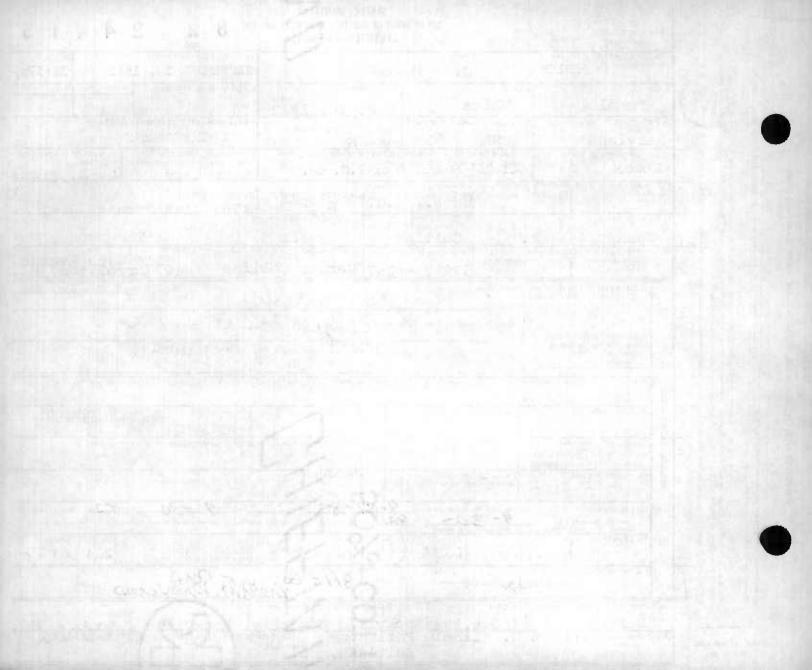
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١	3. SE	JOI	4. RACE	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST 8		UNDER I YEAR	IF UNDER 24 HRS
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d	1	Sassachusetts	U.S.A.	WIDOV	ED DIVORCED	PRINCE GE	ORGES		MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA		12b. KIND O	F BUSINESS OR
6		CLINTON	SOUTHERN MAI	RYLAND HOS		Sheet Me	tal Work	Shee	et metal
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G		Unknown	Unl	cnown	Unknown			Unkı	nown
		VAS DECEASED EVER IN U.	VES GIVE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	4805 Ca	therine	Court	
		Yes	WWII 579-	-05-9555	Gay A. Murra		Clinton	, Mary	yland
		18 CAUSE OF DEATH (En	nter anly ane cause per line for t	a), (b), and (c).)				BETWEEN	MATE INTERVAL
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		cause (a), stating t	he DUE TO, OR AS A C	ONSEQUENCE OF					
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П	F					YES MI NOT	YES	NG CAUSES	OF DEATH?
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			(///.	1103	and that in (my) (aur) opiniar	n death accurred on the	date and hour a	-	
			ive an 7/9 did not) view the bady after de	oth.		The second secon	sore one neer c		
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-			DVA				en In	a . 2	6735
		BURIAL, CREMATION, REMI			CEMETERY OR CREMATORY	CITY OF TOWN		COUNTY	STATE
	1	Burial	9/10/82	Resur	rection Cemete	clinte	P.	G. Mar	ryland
	24. FI	JNERAL DIRECTOR	1.		00 01	ATE REC'D, BY REGISTRA			
2	_	NAME	s Funeral Home	60ss0xon I	illi Rd. Or		La Can	2. Car.	
	a.c.	ATR L. VSTS	TO LAMETAT DOME	Oxon Hi	11. MA. 10	I I I DOL	1.	- Com	~~

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1 3	700		CEASED NAME FOR PRINT) ELLEN	MAE MYE	RS		LAST	20. DATE OF DEATH SEPTEMBER	5, 1982	2h HOUR 1:50
ge 4 ma	M	3 SE F	EMALE	4. RACE WH	ITE	S. DATE		6_AGE (IN YEARS LAST BIRT	THDAY) IF UNDE	DATS HOURS
Geoth. Po	uneral din No. 72 hau		RTHPLACE (STATE OR FOI COUNTRY) WEST VIRGIN		EN OF WHAT COUNTRY ITED STATES	? 8	D NEVER MARRIED	9 BALTIMORE CITY O PRINCE GE	-	
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be execut	s. Pages 1			U.S. ARMED FO (IF YES, GIVE WAR OR V/A			VIRGIL MY	RRS	917 ROCHI	ELLE AVE.
e death certificate	re ottending physicismove carbon paper matian, ar remavol. traumotic event, th		H275" Conditions, if ony, y	MMEDIATE CAUS DUI vhich (diote	E (o) Cardi TO, OR AS A CONSEQ	ac L	mest CARD	IAC ARREST		APPROXIMATE INTERV. BETWEEN ONSET AND DI
requires that th	en signed by the Then please re ar to burial, crer y injury, ar other	TION	underlying cause PART 2 OTHER SIGNIF	ICANT CONDITI		DEATH BUT	NOT RELATED TO THE TERM	inal disease or cone		
The law	te hos be sit permit giene prit	CERTIFICATION	19a DATE OF OPERATION		CONDITION FOR WHIC	H OPERATIO		200 AUTOPSY? YES NO	IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH NO
7 5	DOT 00	1 8	210. ACCIDENT WAS UNDER	LYING 216.	TIME OF INJURY		21t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 21

DITION GIVEN IN PART TIO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] Y IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM, ETC) WHILE NOT WHILE TO AT WORK 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (1) (we) (did) (did no and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS J. GERMANN, CAPT, USAF, MD MALCOLM GROW USAF MEDICAL CENTER, MD 20331 238 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

Cremation 24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

September 7,1982 Lee's Crematory

Washington, DC

STATE

DATE REC'D. BY REGISTRAR 25 JEGISTRAR'S GG

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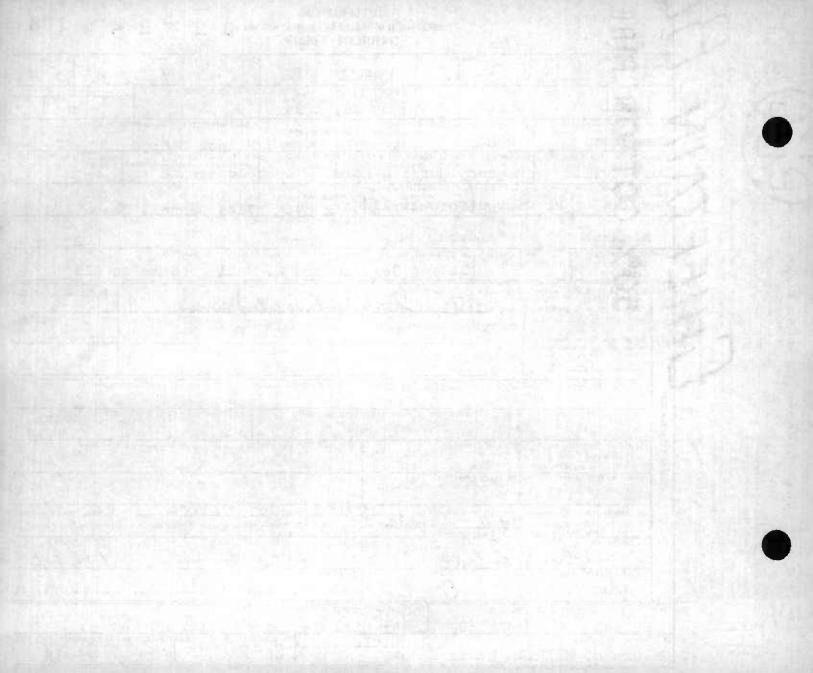
12b. KIND OF BUSINESS OR

(20747)

Old Alexander Ferry Road, Clinton, Maryland 207

48 hrs.

\$2. to 2 83. pt. 3



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME DATE KNOWN MONTH (TYPE OR PRINT) ALLAN EST1-NASH DEATH MATED 19 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED 14 MALE WHITE Dec. 3, 1932 DEAD 49 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED MINNESOTA U.S.A. WIDOWED DIVORCED Prince George's ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Professor OR INDUSTRY Leland Memorial Hospital Riverdale Univ of Md. USUAL RESPONDE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]
130. STATE 10 708 IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION] 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Beltsville YES T 11003 Maryland NO [Emack Road Pr. Geo's OE VITAL 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Carroll Nash Esther Nylin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS YES NO, OR UNKNOWN) Korean 468-32-4816 Annette L. Nash (wife) same as above 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY meso Can DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES -NO X VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT COLD PRIOR TO BURIA 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 71f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Notural couses death resulted from: Homicide Undetermined manner TITLE (SPECIEY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE MEDICAL EXAMINER EXAMINER'S NAME Said A. Daee, M.D. ADDRESS 5632 Annapolis Rd. Bladensburg, Md. (TYPE OR PRINT) PAG TO I 23a BURIAL CREMATION REMOVAL 23b. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Sept 21,1982 Cheltenham Vets Cem Cheltenham Pr. Geo's Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Francis Gasch's Sons, Hyattsville, Md. (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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Burini 9-15-82 Mc. Veteron Cem Crownsville AA Mc. Berll Fineral Home 16000 Annipolis Bc. Bowle, Mc.

REGISTARE REGISTARE REGISTARE Violet G. Nevius Sept. 28, 1982 6: Nevius Sept. 28, 1982 6: New Control of the Control of t		١.	FOR			STATE OF MARYLAND FOF HEALTH AND MENTAL	HYGIENE Q 4	211	9
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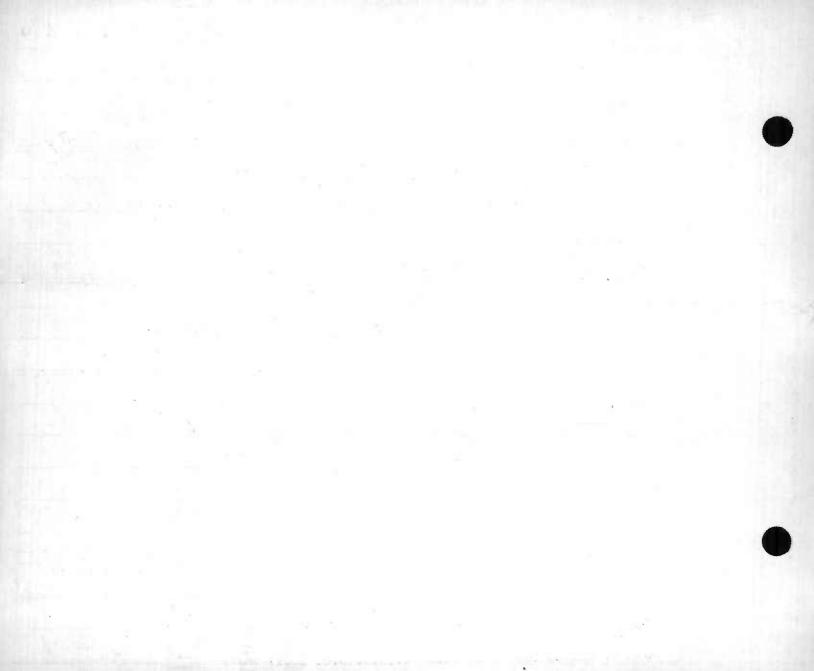
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				STATE OF MARYLAND		
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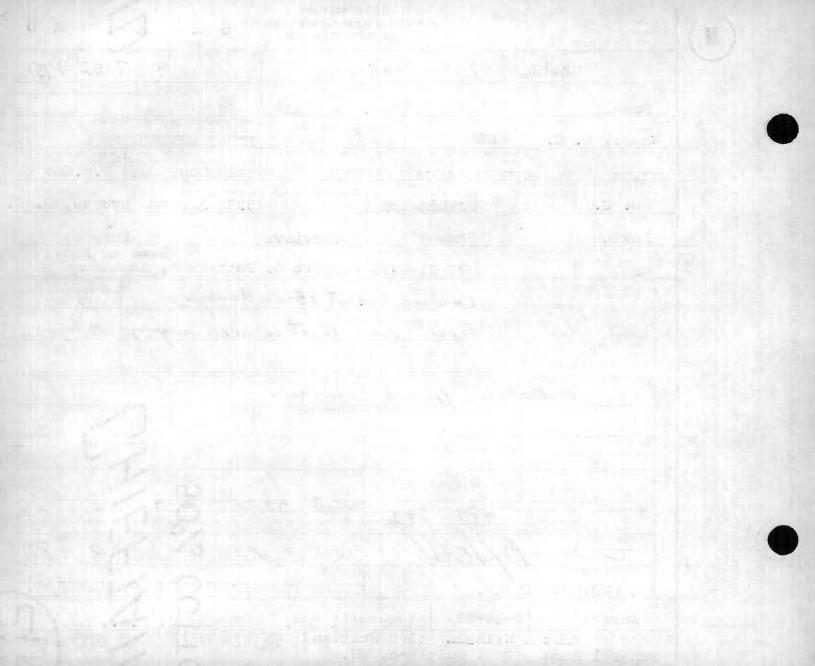
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Funeral

Home

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO KNOWN DECEASED NAME 20. DATE MONTH 2b. HOUR OF ESTI-(TYPE OR PRINT) DELAY IS NECESSARY, PLEASE
TO THE FUNERAL DIRECTOR.
IN PAGE 5 FOR YOUR FILES.
HEILED WITHIN 72 HOURS.
SO IN PRESTON STREET. BERNICE 9-11-829 RITA SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR 2d. HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 5AM M Female Cau. DEAD Aug. 31, 1916 66YRS 9-11-829 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Penn. U.S.A. WIDOWED DIVORCED AG. W. Prince George's County
120 USUAL OCCUPATION (TYPE OF WORK 1726, KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH JAS AFTER DEATH. IF ANY DELAY IS. GIVE PAGES 1, 2, AND 3 TO THEI WITH FORM PM. 3. RETAIN POBLES. PAGES 1, AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS. OR INDUSTRY Sectary Lumber Co. Brandywine 1600 Cherrytree Crossing Road P.O. Box 98 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? Zip. 20623 Maryland P.G Cheltenham YES NO X HOURS AFTER DEATH, II EM 18. GIVE PAGES 1, 2, NG WITH FORM PM 3. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Geneive MIDDLE James Hartman McCue 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) NO Frank Pavne same as LONG WITH F 209-09-5217 MINER: THIS CERTIFICALL WORD "PENDING EXAMINER ALERANT REFORMANDED TO THE CHIEF MEDICAL EXAMINER ALERANT PERMIT PROPERTY SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PRETTY DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVINITY STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVINITY OF A STATE OF THE MENTAL HYGIENE, DIVINITY OF THE MENTAL HYGIENE AND THE MENTAL HY APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDICAL CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 BUROW MONTH DAY UNDERLYING XXOR
CONTRIBUTING CAUSE OF DEATH caught in housefire 9-11-82 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BAUTIMORE, MARYLAND, 21201 P NOT WHILE STREET, FACTORY, FARM, ETC.) 11600 Cherrytree Crossing Road Brandywine, Md. bedroom AT WORK Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection and in my apinian Accident death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL DATE 9-11-82 m.Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Penn Street (TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 13¢ NAME OF CEMETERY OR CREMATORY STATE Cremation Washington, D.C. 9-12-82 Crematory 250. DATE REC'D. BY REGISTRAR 20 REGISTRAR 2019 CHUREN 24 FUNERAL DIRECTOR **DHMH - 17** Huntt Funeral Home, Waldorf, Maryland (VR A15 ME (5) 20M 4/82

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	1-	FOR STATE		DEPARTMENT OF HEALTH AND N CERTIFICATE OF D		2 4 4 3
1 0	I. DEC	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. N	MONTH DAY YEAR 26 HOUR
	(TYPE	ORPRINT) Mary	В.	Peters	September	
	3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	
0	F	emale	White	Sept. 25, 1	915 66	YRS.
92		OUNTRY)	76. CITIZEN OF WHAT CO	OUNTRY? 8. MARRIED NEVER M	ARRIED S 9 BALTIMORE CITY	OR COUNTY OF DEATH
13-	_	irginia	U.S.A.		ORCED Prince	George's
13	10 C1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,		TUTION 126. USUAL OCCUPAT	
14	FIGURE	Riverdale Riversing Hom		Memorial Hospital	Buyer	Dept. Store
3/1)	13e. S	TATE 13H CC	DUNTY 13c. CITY	OR TOWN 136. INSIDE CI		20018
4.		THER'S NAME	N/A Was	The second secon	NO 2619 24th,	St. N.E.
XVV		FIRST	MIDDLE	LAST	IRST MIDDLE	LAST
CECH	-	omas		ters Shann		Black
23	(1	AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)		-	ESS 2111 Ravenswood
~	No		579	-05-1206 Thomas	F. Peters Wes	t Hyattsville, Md.
#		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	r anly ane cause per line far (\	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ever			DIATE CAUSE (0) Sever	chrome bromehops	Lumma	with
oric		35 10	DUE TO, OR AS A C			#
0.0		Canditians, if any, which		ned Gillian - Borre	. Syndrome	mostly
per t		gave rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF		
or oth		underlying cause last.	(c)			
خ خ		PART 2. OTHER SIGNIFICAN		TING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 11a
<u>ie</u> ,	ō	Hyperperall		ne Secral dicethitus		
kuos	CERTIFICATION	190 DATE OF OPERATION		R WHICH OPERATION WAS PERFOR	MED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
3 /	RTIF	8/14 + 4/1	11-71-1	nothypredism	YES NO	YES 🗹 NO 🗆
ž		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		NTH DAY YEAR	URY OCCURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)
18 sho				19		
them 18 sh	CA	(IF EITHER NOTIFY MEDICAL EXAM				
d or Hem 18 sh	MEDICA	21d. INJURY OCCURRED	21e. PLACE OF INJUR	211. LOCATIO	N CITY OF TO	OWN COUNTY STATE
orked or them 18 sho	MEDICAL		21e. PLACE OF INJUR	RY, OFFICE, FARM, ETC.) 211. LOCATION STREET	N CITY OR TO	OWN COUNTY STATE
s marked or frem 18 sha	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (I) (1845 bg	21e. PLACE OF INJUI (AT HOME, STREET, FACTO ospital) attended the deceas	RY OFFICE, FARM ETC.) 711. LOCATION STREET ed from	, 19 7 , 1a 411	19_50, that (I) (we)
121 is marked or Hem 18 sho	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (1995 has saw the deceased alive	21e. PLACE OF INJUI (AT HOME, STREET, FACTO ospital) attended the deceas	RY 211. LOCATION STREET ed from 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	, 19 7 , 1a 411	19_50, that (I) (we)
Hem 21 is marked or Hem	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (1995 has saw the deceased alive	21e. PLACE OF INJUF (AT HOME, STREET, FACTO pospital) attended the decease	RY, OFFICE, FARM, ETC.) 211. LOCATION STREET and that in (my) DEGREE	, 19 10 4) , 10 4) , 10 min death accurred an the c	19 FV, that (I) (we') late and haur and from the causes stated 22c DATE SIGNED
If them 21 is marked or them	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (thus he saw the deceased allow above, (1) (was) (did) (she	21e. PLACE OF INJUF (AT HOME, STREET, FACTO pospital) attended the decease	211. LOCATION STREET Ped from and that in (my) in the control of	, 19 7 , 1a 411	late and have and from the causes stated 22c. DATE SIGNED
If them 21 is marked or them	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this he saw the deceased alive above, (I) (wal (did) (she with the company)) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (The company)	21e. PLACE OF INJUR (AT HOME, STREET, FACTO ospital) attended the deceas on that) view the body after de-	211. LOCATION STREET Ped from and that in (my) in the control of	TENDING MEDICAL STA	late and have and from the causes stated 22c. DATE SIGNED
If Ifem 21 is marked or Ifem	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this he saw the deceased alive above, (I) (wal (did) (she with the company)) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (The company)	21e. PLACE OF INJUR (AT HOME, STREET, FACTO ospital) attended the deceas on	RY, OFFICE, FARM. ETC.) 211. LOCATION STREET 212. ADDRESS	TENDING MEDICAL STA	late and haur and from the causes stated 22c. DATE SIGNED SEPT. 14,
THE RELIES WORKED OF HERE	23a. 8	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (I) (thus he saw the deceased alive above, (I) (wa) (did) (the 27b. SIGNATURE) 22d. PHYSICIAN'S NAME (IN BYT1 JO1) URIAL, CREMATION, REMOV	21e. PLACE OF INJURE (AT HOME, STREET, FACTO pospital) attended the decease and thost view the body after decease and thost view the body after decease and the pospital street and the pospital stree	RY, OFFICE, FARM. ETC.) 211. LOCATION STREET 212. ADDRESS	TENDING MEDICAL STANDING DIRECTOR PHYSICIAN DIRECTOR PHYSICAL PHYSICIAN REMATORY 1236 LOCATION	late and haur and from the causes stated 22c DATE SIGNED Sept. 14, Riverdale, Md. 2073
MPORTANT: If Hem 21 is marked or them	23a. 8	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this he saw the decease was the decease with the saw the saw the decease was the saw the sa	The PLACE OF INJURE (AT HOME, STREET, FACTO OSSITED) attended the decease on the property of the same of the property of the p	ed from 211. LOCATIO STREET ed from 2 211. LOCATIO STREET DEGREE 220 ADDRESS 4404 23c. NAME OF CEMETERY OR C	TENDING MEDICAL STAHYSICIAN DIRECTOR PHYSICIAN RECTOR PHYSICIAN REMATORY 234. LOCATION CITY OF TOWN	Interest of the course stated and hour and from the causes stated are causes are caused
IMPORTANI: If them 21 is marked or them	23s. 8	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22d. Certify that (1) (thus he shower, (1) (was) (did) (the shower, (1) (was) (the shower, (1) (was) (did) (the shower, (1) (was) (the showe	21e. PLACE OF INJURE (AT HOME, STREET, FACTO pospital) attended the decease on the property of the body after decease of the property of the body after decease on the property of the property	ed from 211. LOCATIO STREET ed from 2 211. LOCATIO STREET DEGREE 220 ADDRESS 4404 23c. NAME OF CEMETERY OR C	TENDING MEDICAL STAHYSICIAN DIRECTOR PHYSI Queensbury Rd., F REMATORY 23d. LOCATION CITY OF TOWN PMETERY PROTOCOL PRO	Interest of the course stated and have and from the causes stated are causes are caused are cau

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7. Smolds Some P. C. L. . Builtsville, Ed.

PRESTON

Retired Retired Retired

rince Georges. Capital Heights 1417 Billings Avenue

Amanda Peterson

1417

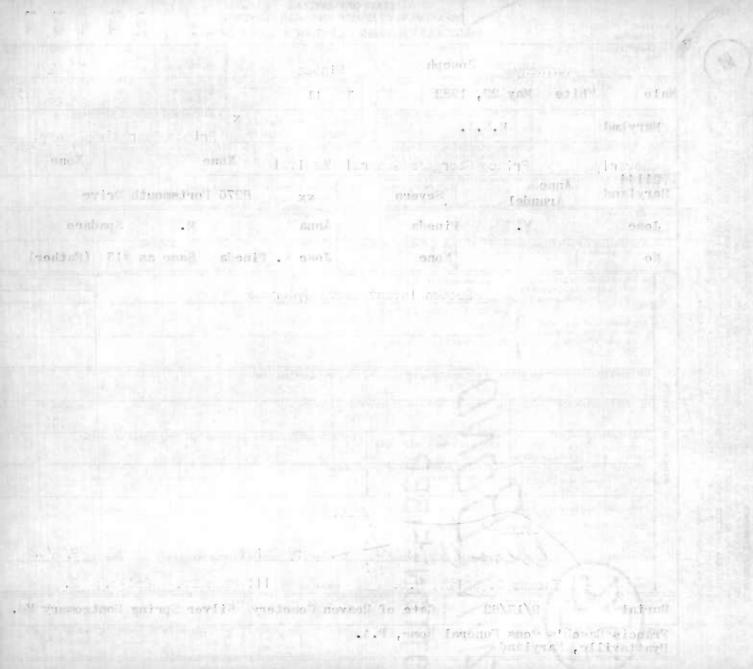
319-44-3589 Lottie E. Clark, Niece, Car

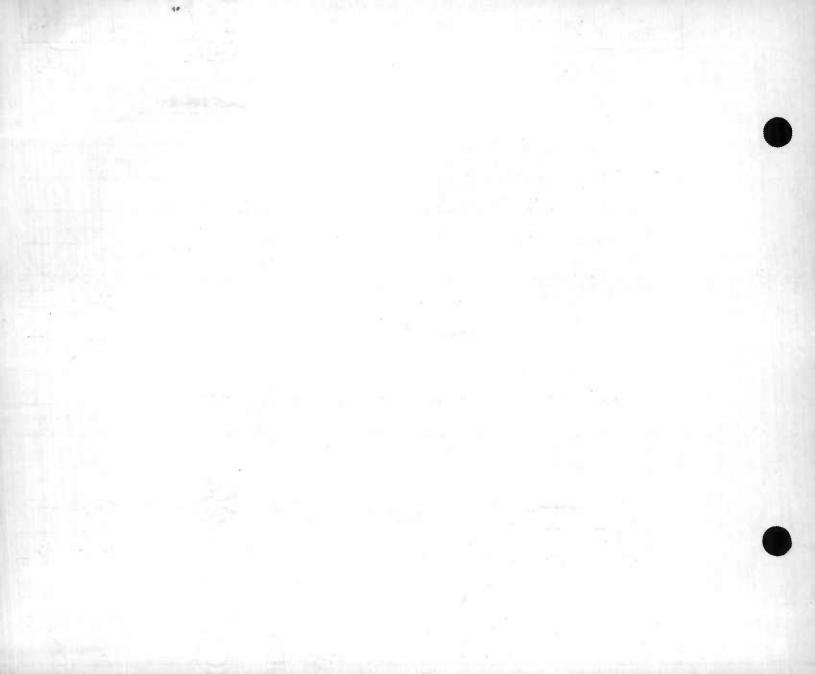
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME MONTH 20 DATE KNOWN DAY (TYPE OR PRINT) OF ESTI-ROMA PHILLIPS 9/ 10, , 82 M. 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 82 PRONOUNCED Sent. March 24. 1926 Female White 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. Prince Georges WIDOWED A DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 8900 MASCOT METHODRESANT 32 OWOR INDUSTRY Laurel HOUSEWITE IAIN PU USUAL RE 2070 N NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? Maryland Prince Geo. 3900 ASCOL Lane Apt 32 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE McCfain Dennison Rhoda Dewey 10510 Cedar Knoll Ct. 17 INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Robert A. Phillips Upper Marlboro, Md. 578 26 6927 It. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21a. EXTERNAL CAUSE WAS THE OF INJURY HOUR AM MONTH DAY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 211 LOCATION 21e PLACE OF INJURY AT WORK NOT WHILE 22s. I certify that I took charge of the remains described above, held an Inspection death resulted fram: Matural causes Hamicide/ Undetermined manner TITLE (SPECIFY) 9/11/82 EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALL ACTUAL Deputy MEDICAL EXAMINER EXAMINERS NAME Augusto P. Rodriguez, 5009 Rayburn Court Camp Springs, Md. 23. BURIAL CREMATION, REMOVAL 236 DATE 9/13/82 736 NAME OF CEMETERY OF CREMATORY Ft. Lincoln Cemetery 23d LOCATION P. GCOUNTY Maryland Brentwood Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Hvattsville, Maryland (VR A15 ME (5)) 20M 4/82

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20M 4/82

STATE OF MARYLAND





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V /	STATE OF MARYLAND	IVOIPNE
\$ 5	1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF	DEDICATURE 2 4 4 0 /
5880	REGISTRAR T. DECEASED NAME FIRST MIDDLE LAST	REG. NO. 20. DATE KNOWN MONTH DAY YEAR 25. HOUR
(A.Z.)	(TYPE OR PRINT) Virginia Elizabeth Plumms	OF ESTI-
THE STATE OF THE S	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE MONTH DAY YEAR 2d HOUR
0.22 0.53 0.23 0.53	Ternale Whote 6-4-20 62 YRS. MONTHS DAYS HOURS	MIN. PRONOUNCED 9-3 1982 94 M
ECESSA INFERAL PRESIC	70. BIRTHPLACE (STATE OR TO BE FOREIGN COUNTRY) 8 MARRIED PREVER MARK	RIED 9. BALTIMORE CITY OR COUNTY OF DEATH
AZZ Z	VIRGINIA U.S.H. WIDOWED DIVOR	100.
PAGE 3 NO THE FLU TO T	Fort Washington 13 09 Fort Washington	120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY HOUSEW) TE
ANN AND THE PETROLIC BETTON THE PETROLIC BETTO	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY P. G. 13c. CITY OR TOWN, YES IN NO [13. STREET ADDRESS WASH Rd
M. H. A. S.	14 FATHER'S NAME FIRST MIDDLE LAST / FRST FRST	MIDDLE LAST
DEATH AND 2	GEORGE Thompkins Elizabe	th BAUSERMAN
RS AFTER DEA SOVE PAGES WITH FORM P WITH FORM P WOVISION DEA	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 100. SOCIAL SECURITY NO. 17 LIDFORMANT (FYES, GIVE WAR OR DATES) 579-07-49338	Plymmer ADDRESS 109 H Washington Rd
: X X X C	18 CAUSE OF DEATH (Enter only one cause per line for (g), (b) and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON ST. V 24 HOLI V 17EM 18 ALOING T PERAIL TYGIENE	429 IMMEDIATE CAUSE (THAT I SELECTION OF CAUSE	elloscular diseases
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RDS, 201 V EXECUTED NG". IN PR (CAL EXAM) BURIAL- 4 AND MEI WATION, C	(c)	
8 8 9 9 9 9	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P	ART 1 (a)
VITAL RE SHOULD ORD "PEI CHIEF N E USED A IT OF HEA OORIAL, C	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 211. HOW INJURY OCCURR	20 AUTOPSY?
F VITA WORD HE CHILL BE US BE US BE US	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURE	YES NO E
CERTIFICATE CERTIFICATE MED THE W DED TO THE DEPARTMENT PRIOR TO E	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 1216. HOW INJURY OCCURR HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ISIO RATIFI SHO PRIO	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 71e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET	
DIVISION OF VITAL RE DIVISION OF VITAL RE ICATE, WRITING THE WORD "PEI E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIGR TO BURIAL, C	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET STREET	CITY OR TOWN COUNTY STATE
AATE, TATE, ORW	220. I certify that I took charge of the remains described above, held an Autopsy . Inspection	on Inquiry ond in my opinion
BE FOR THE	death resulted from: Natural causes Accident, Suicide, Hamicide,	Undetermined manner,
CAL EXAM THE CERT SHOULD BE ERAL DIRE EATH, WITH	ACTUAL AC	DATE 9-3-87
SE STORY	SIGNATURE M.D. GODGET	MEDICAL EXAMINER SIGNED
TO MEDICAL EXAMINER: EXECUTE THE CETIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 F	Rayburn Ct., Temple Hills, Md.
0x4048_	236 BURIAL CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY CREMATION SEPT 4, 1982 CELAR HILL CREMATORY	13d LOCATION CLIVOR 19WN STATES P. G. Md
1303 BP	24 FUNERAL DIRECTOR 250. DATE	
DHMH - 17 (VR A15 ME (5))	GEOP KALAS 6160 OXON HILL Rd OXON HILL ME SE	p 8 1982 John of Cohing
15M 2/80		1000 10

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH 26 HOUR 9/30/82 IF UNDER 1 YEAR AGE (IN YEARS LAST BIRTHDAY) **BALTIMORE CITY OR COUNTY OF DEATH**

POSS 4. RACE 5. DATE OF BIRTH MONTH DAY Caucasian

Welsh

July 11, 1931

76 CITIZEN OF WHAT COUNTRY? MARRIE KENEVER MARRIED

WIDOWED

YES IX

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SOUTHERN MARYLAND HOSPITAL

12a USUAL OCCUPATION 13d. INSIDE CITY LIMITS?

NO

15. MOTHER'S MAIDEN NAME

TYPE OF WORK FOR MOST OF WORKING LIFE) Home Maker

13e STREET ADDRESS 7207 Dower House Road (20772)

LAST

Home

INDUSTRY

126. KIND OF BUSINESS OR

14 FATHER'S NAME John P. Welsh

To. BIRTHPLACE (STATE OR FOREIGN

Washington, DC

USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUT

10 CITY OR TOWN OF DEATH

CLINTON

13a STATE

No

CERTIFICATION

Marvland

FOR

REGISTRAR

FIRST

REGINA

13b. COUNTY

N/A

Pr. Geo.

MIDDLE

DECEASED NAME

- STATE

(TYPE OF PRINT

Female

3. SEX

160 WAS DECEASED EVER IN U.S. ARMED FORCES

16b. SOCIAL SECURITY NO

579-36-9331

13c. CITY OR TOWN

Unper Marlboro

Gertrude deMontfredv 17 INFORMANT

Otis R. Poss - Same As #13 A-E

PRINCE GEORGES COUNTY.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF MELTNOMA WITH MALTGNANT Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

saw the deceased alive an.

Burial

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 TIME OF INJURY

21s. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY YEAR

211 LOCATION

NOX

CITY OR TOWN

20a AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO [

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL

FT. WASHINGTON,

FT. WASHINGTON

V. ANMAN GANDLA 23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery October 2,1982

Washington, DC COUNTY

DHMH - 16 50M 4/B2

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 663B Old Alexander Ferry Rd., Clinton, MD

220.1 certify that (I) (this hospital) attended the deceased fram,

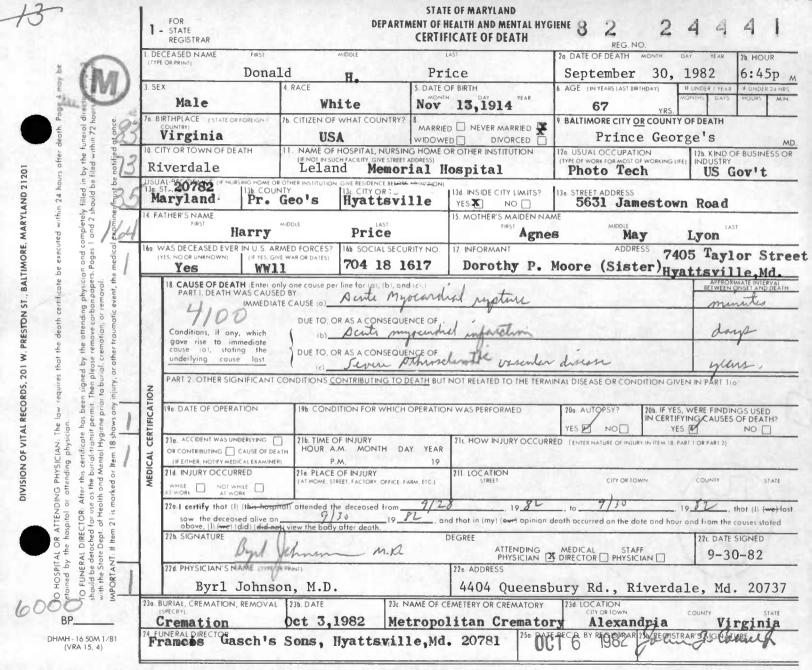
abave, (1) (we) (did) (did not) view the body after death.

article to all providing to the Court of the

		*STATE REGISTRAR		261 ANII		IEALTH AND MENTAL HYG ICATE OF DEATH	B Z	40	4 4	4
		CEASED NAME FIRST	E - 187	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
be 3 ath	IIIPE	JOHN		H.	PO	WELL	THE NEW TE	9 18	82	8-8
60	3 SE	x	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BE	RTHOAY) FU	NDER I YEAR	IF UNDER 24 H
1-11	L M	ale	Black		THOM U TELL	11, 1883	89 years	YRS.	THS DAYS	HOURS MI
E WELLS	Ta. BI	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	1		9 BALTIMORE CITY		DEATH	
N-30 /		shington. D.C	. U. S.		WIDOWE	D NEVER MARRIED DIVORCED	Prince G	20220		
1 3 3 3 7	All real Property lies	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPA	ION	12b. KIND OF	BUSINESS
1 20 (4//)	Hy	attsville	A.	Care Nurs		Iome	Mail Carr		U. S.	P 0
d 44 /4/	USU	AL RESIDENCE (IF NURSING HOMI	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE	ADMISSION)	^			U. D.	P. U.
of part of	D.	C.	YTAUG	Washingt		134 INSIDE CITY LIMITS?	2100 19th	Street	AT TAT	#807
1 34/50	-	THER'S NAME		I west and c	7011	IS MOTHER'S MAIDEN NA	ME TOO TOO	DULEGO.	IV. W	#OUL
d 42 4		ohn H. Powell	MIDDLE	LAST		FIRST	MIDDLE		Clast 4.7	
5 64 0401		VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	PITY NO	Laura 17 INFORMANT	ADDI		Smith	
oe my	0	ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	1245						-
e Pa	N	0		579-50-8	0032	Edith Minor,	Niece, 40	/ 12th S	t., N.	E.,
rfice nysic personal		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe						BETWEEN ON	ATE INTERVAL
pp			IATE CAUSE (a)	4RTERIOS	CLER	OTIC VASCUL	AR HEHRT	DISTASE	4	
endii endii carbo on, o		100/00	DUE TO, C	OR AS A CONSEQUE	NCE OF				To	
the att		Conditions, if ony, which gove rise to immediate	(b)_		_					
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2 0 0		underlying couse lost	1000.00							
ed by lease r irial, c		underlying couse lost	(c)_							
or requires the signed by hen please or to burial, con my injury, or	NO		(c)_	ONTRIBUTING TO (NOT RELATED TO THE TERM	NINAL DISEASE OR COM	NDITION GIVEN	IN PART 1(0)	
te law requires the speed signed by pir. Then please the prior to burial, cows any injury, on	ATION		IC)		DEATH BUT	NOT RELATED TO THE TERM	11NAL DISEASE OR CO	20b. IF YES, W	ERE FINDING	GS USED
: The law requires the lass been signed by permit. Then please rene prior to burial, of shows any injury, or	FIFICATION	PART 2 OTHER SIGNIFICAN	IC)		DEATH BUT		20a AUTOPSY?	20h. IF YES, W	ERE FINDING	F DEATH?
e ha	CERTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONDITION	DITION FOR WHICH	OEATH BUT		20e AUTOPSY? YES NO	20h IF YES, W IN CERTIFYIN YES	ERE FINDING G CAUSES C	GS USED OF DEATH? NO
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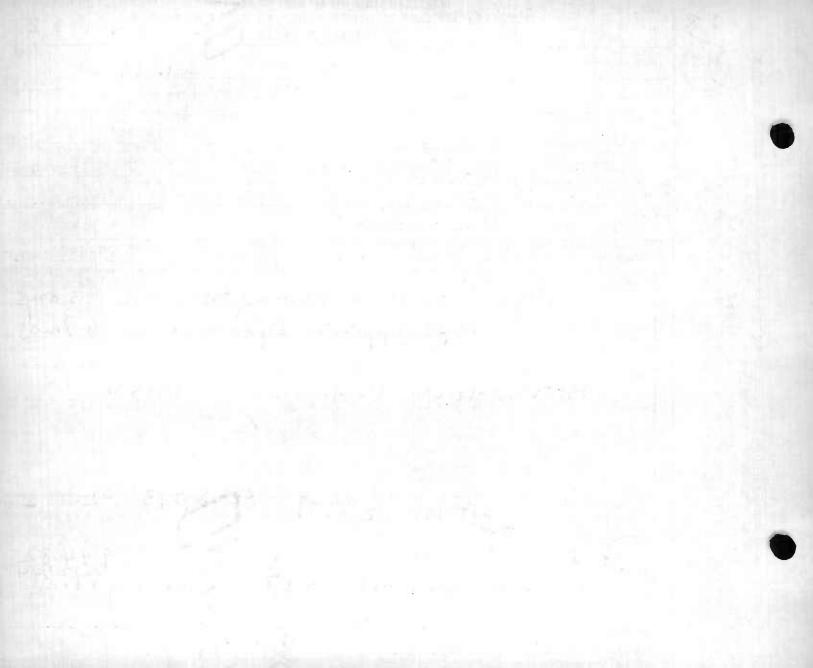
STATE OF MARYLAND

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leath.		ECEASED-NAME Type ar print)	First Roger	Middle Roy	Proctor	2a. DATE OF DEATH Month Sept. 13.	2b. HOUR
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equires that th physician. signed by the burial-transit p		rise to immediate cau stating the underlying last. PART 2 OTHER SIGNIFIC	cause DUE TO	O, OR AS A CONSEQUENCE OF	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
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YSICIAN: The ospital or at certificate he far use the far use of the office of the off	MEDICAL CERTI		SE OF DEATH HOUR	IME OF INJURY A.M. Manth Day Year P.M.	21c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2,	Item 18.)
S PHYS the hosp this cer detache e Dept.	ME	21d. INJURY OCCURRED While Nat while at wark at wark	21e. PLACE OF IN		CTORY,) 21f. LOCATION Street or R.F.D. N	02 6 2 17	Caunty State
ATTENDING PHYS retained by the hos retained by the hos sECTOR: After this ce 3 shauld be detache with the State Dept.		22a. I certify that saw the dece couses stated	(I) (this hospito osed alive on abave, (I)	did not) view the	ed from 19 1982 and thot in (my) (our) a body ofter deoth.	oinion deoth occurred on the d	that (I) (w) last ate and hour ond from the
DA 3 E S		22b. SIGNATURE	Ne	fe_ms		MED. STAFF DIRECTOR PHYS. D	9-14-82
TO HOSPITAL OR Page 4 may be 1 TO FUNERAL DIRE director, page 3 shauld be filed v		22d. PHYSICIAN'S NAME (Type)	1 GIVA	J. ROBB	ND PRESS TO PHOLIT	raison Herd How	
Page of Price of Shauf	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-17-82		CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Piscataway P	(County) (State)
VR A15 (4) 25m-1/70	24.	Burial FUNERAL DIRECTOR Leon Thos		address monkey, Md	2Sa. REC'D	Piscataway P BY REGISTRAR 25b REGISTRAR 1 5 1082	S SIGNATURE



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	1-	FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH CERTIFICAT		IENE 8 2	2 4 4	4 3
200		CEASED NAME ROLL PIRST	MIDDLE W	Radel	iffe.	20. DATE OF DEATH MC		26 HOUR 7:54A
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offer of the control	0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	WE STREET ADDRESS)	educal Cent	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Realtor	vorking Life) INDUSTRY Real	of Business of Estate
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equires that the death ce n signed by the attendin Then please remove corb r to burial, cremation, or injury, or other troumatic	2	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO	NSEQUENCE OF		inal disease or condi		0,
no. hos bee permit. sne prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WA	5 PERFORMED		206. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES	
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1 5 5 -	<u>a</u>	216, INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTOR)		LOCATION	CITY OR TOWN	N COUNTY	
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TTENDING P pitol or otter TOR: After the for use os the of Heolth and 21 is marked	W	22a. I certify that (I) (the hasp sow the deceased alive or above, (I) (we) (did) (did no	tal) attended the deceased 20 8 2.	d from 8		, to 12 death accurred on the date	ond hour and from the	that (1) (we) los couses stated
OR ATTENDING Poly the hospital or other the DIRECTOR: After the oched for use as the Copt. of Health and If them 21 is marked	W	270. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did in 720. SIGNATURE	the view the body after deat	d from 9 , and that	E ATTENDING PHYSICIAN		e and hour and from the	that (1) (we) located
R ATTENDING P hospital or otter RECTOR: Atter the led for use as the ept. of Health and tem 21 is marked		22a. I certify that (I) (the hasp sow the deceased alive or above, (I) (we) (did) (did no	of view the body offer deat	d from 9 , and that	ADDRESS	medical STAFF	e and hour and from the	that (1) (we) los couses stated

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16	1.	STATE REGISTRAR				FICATE OF DEATH	0 4	G. NO.		
		CEASED NAME	FIRST	MIDDLE		LAST	26. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOL
1	1	ALLEN		71	RAN	NDLES)09 0	7 82	8:2
1	3. SE		4. RACE		S. DATE O		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS
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0	7a. BI	RTHPLACE (STATE OR FOR	REIGN 76. CITIZEN	OF WHAT COUNTRY?	8. MARRIE	DE NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNT	OF DEATH	
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W.	10. CI	TY OR TOWN OF DEATH		OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OCCU	PATION OST OF WORKING LI	12b. KIND (INDUSTRY	
6	C	LINTON.	SOUTH	ERN MARYLAI	ND HOS	SPITAL CENTER	Carpenter		Const	ruct
72		AL RESIDENCE (IF NURSING		IN. OIVE RESIDENCE BEFOR		134. INSIDE CITY LIMITS?	13e. STREET ADDRE			
9			Pr. Geo.	Clinton		YES 🔼 NO	5909 Woo	dland I	ane (2)	<u> 0735</u>
11	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	MIDD	LE	LA	ST
00		enjamin Ran				Eva Kates		DDRESS		
1		AS DECEASED EVER IN	U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)		17 INFORMANT				
	N	0	N/A	413-05-	1384	Martha Rand	lles Same	As #13		
eveni, me		18 CAUSE OF DEATH	Enter only ane cause	per line for (a), (b), an	id (c1.)	4 ARREST			BETWEEN	XIMATE IN
	23	underlying cause	FICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	MINAL DISEASE OR C	ONDITION GIV	/FN IN PART 1	la:
, Vanilui V	NO	CMRONIC		SUCTIVE		MONAPUL	DISEASE			
2	CERTIFICATION	198. DATE OF OPERATIO	ON 196. CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES	INGS US S OF DE NO
9		216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DEATH HOUR	E OF INJURY A.M. MONTH D	AY YEAR	21t. HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRE	D 210. PLA	CE OF INJURY		211. LOCATION	CITY	OR TOWN	COUNTY	
	Z	WHILE NOT WHILE	E [AT HOME	STREET, FACTORY, OFFICE,	PARM ETC }	374561				
		220.1 certify that (1) (1			-	1arch 19 3	1 , 10 Ses	et 7	1982	, that (I
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E		226 SUBMATURE		1		DEGREE			22c. DATE	SIGNE
		Robert	1/10	predusin	w.	O. ATTENDING	MEDICAL DIRECTOR PH	STAFF YSICIAN	9-	1-3
L		22d. PHYSICIAN'S NAM	AE (RINT)	d		220. ADDRESS				
1		ROBERT J.	TANENBERG	9		5711 ALLENTO	OWN ROAD S	SHITLANI) MD	2074
-	_	SURIAL, CREMATION, RE	EMOVAL 123h DATE	23с.	NAME OF C	EMETERY OF CREMATOR	123d LOCATION			
									COUNTY	
		rial	Septemb	er 10,1982	Wash	ington Nation	nal Cemeter	ry Suit	land, M	lary.
	Bu 24. FI	rial	Lee Funera	1 Home. In	C .		ATEREC'D. BY REGIST	ry Suit.	land, M	TURE

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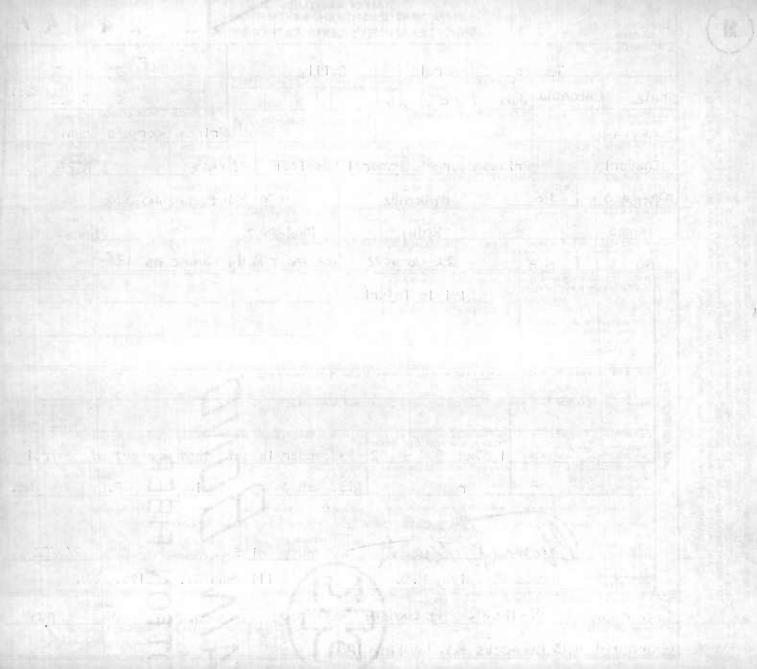
	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF	E OF MARYLAND LEALTH AND MENTAL HYG LICATE OF DEATH	REG. NO.	2 4 4 4 5
. 04	I. DE	CEASED NAME FIRST OR PRINT)	MIDDLE	Ra	AST	September 17	1982 2:25 P
d 80 0		<u>Man</u>	L RACE	5. DATE	4	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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of the dec	10 C	TY OR TOWN OF DEATH Forestville	11. NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GIVE S Regency Nur	RSING HOME O		12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR
24 hours	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE E	SEFORE ADMISSION	13d. INSIDE CITY LIMITS?	2110 Brooks	s Drive 20747
rely f	14. F/	ATHER'S NAME			15. MOTHER'S MAIDEN NA	WIDDIE	IAST
complete of example of		Kenneth	Wheat		Mary	J	Moore
BALTIMORE, MARTLAND cose be execused within 24 systicion and completely fille opers. Pages 1 and 2 shoule wol. it, the medical examiner me		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G		LO 712	Jane Lee	Givens 2110	Brooks Drive
RDS, 201 W. PRESTOST., equires that the death-rithin is signed by the atteng ph. Then please remove against rito burial, cremation, eemsinjury, or ather troumdever	rion	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF		Ald Varily	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 1(0)
TAL RECO	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	ON WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
ON OF VITA HYSICIAN: TI HYSICIAN: TI Sorrich-transif Mental Hygin or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 214 IN JURY OCCURRED	EATH HOUR AM. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2}
DIVISION DING PHY or attending After this e os the bu alth and M	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
ATTENDI spital or CTOR: A for use of Heali		saw, the decady d alive or above. (I) (wor laid) (did n	off of the deceased from the deceased from the body after death.		nd that in (my) (our) opinion	deoth occurred on the date and	19, that (I) (we) lost hour and from the couses stated
TAL OR. y the ho RAL DIRE detochec tote Dept		20. SIGNATURE	House	ک	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED 918-82
TO HOSPITAL retained by the TO FUNERAL should be det with the Stote		Benjamin S	Pecson		TEC. ADDINESS		d Parkland Md
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DHMH-16 30M 2/80 (VRA 15, 4)	24. Ft	JNERAL DIRECTOR Rober NAME Suitl	t E Wilhelm and Marylan		al Home 250 DAT	TE REC'D. BY REGISTRAR 256, REC	GISTRAR'S SIGNATURE

A. N. S. C. S. D. Sales and Emily Manager

& p.c	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 4 4 4 6
	REGISTRAR REG. NO.	MONTH DAY YEAR 75 HOUR
55 × 25 × 10	Richard Elwood Reedy III	9 9 19 82 M
P. P	M White Sept 6,1963 1.9 yrs. If UNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD	9 9 19 82 7:52
PANERA PANERA	BIRTHPLACE (STATEOR STREET USA USA WIDOWED DIVORCED Prince	e George County,
GAY BY OTHER OTHER FILED	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Laurel Hospital	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
MD. 21201 H. IF ANY DI 1. 2, AND 3-1 M. 3. RETAIN 7. 2 SHOULD TRU. RECORD	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS) 130. STREET ADDRESS 130. STATE 9440 Riggs Roa	d
	4. FATHER'S NAME FIRST Richard Elwood Reedy LAST JJr Gloria Ellen Hutc	hinson LAST
BALTIMORE RES AFTER DEA S. GIVE PAGES WITH FORM P PAGES/AN DIVISION OF	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 220 70 7002 Richard E. Reedy , Jr sai	me as above
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITHOG THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHE "EDICAL EXAMINER ALONG WERS SHOULD BE USED "S A BURIAL "REWIT FERROM FEDERAL "THE HOUSEN FERROM FOR PRICE TO BURIAL "REMATION, OR REMOVAL	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SULTIPLE INJURIES DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Lying cause lost. (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART To all the control of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
F VITAL RECC TE SHOULD BE WORD "FEND HE CHEF NED O BE USEN TO HEALT,	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	20 AUTOPSY? YES XX NO RT 1 OR PART 2)
DIVISION OF VI HIS CERTIFICATE SH WRITING THE WOS ARDED TO THE AGE 3 SHOULD BE AGE 28 SHOULD BE	UNDERLYING GAUSE OF DEATH 7:150M 9/9 19 82 driver of motorcycle /fixed of the contributing cause of Death 7:150M 9/9 19 82 driver of motorcycle /fixed 11d injury occurred while at work at work xx roadway 1216. Death of injury (Athome, STREET, FACTORY, FARM, ETC.) 1216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 1217. TOTAL TOTA	COUNTY STATE
DIVI TO MEDICAL EXAMINER. THIS CELEXECUTE THE CERTIFICATE WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTION PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND 21201 P	276. I certify that I taak charge of the remains described above, held an Autopsy X. Inspection . Inquiry ., and death resulted fram: Natural Courses. Accident X. Suicide ., Hamicide ., Undetermined manner ., TITLE (SPECIFY) ACTUAL M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED 9/10/82
A MEDK GCUTE: O FUNE TIER DE	EXAMINER'S NAME (TYPE OR PRINT) Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Ba	lto.,MD 21201
1303 BP	Burial Sept 13,1982 St. Marys Cemetery Crematory Laurel, Marys	
DHMH - 17 (VR A15 ME (5))	Donaldson Funeral Home, Laurel, Md SEP 2 Original Parties	FAR SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLASE EXECUTE THE CRENIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 310 THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT FERMIT, PAGES, AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W PRESTON STREET, BALTIMORE, MÄRKLAND, 21201 PRIOR TO BURIAL. CREMATION, OR REMOVAL.		NO	N/I	A	0	120-7	10-607	2	MARGA	ARET R	Relly	SAM	E AS	135	_	
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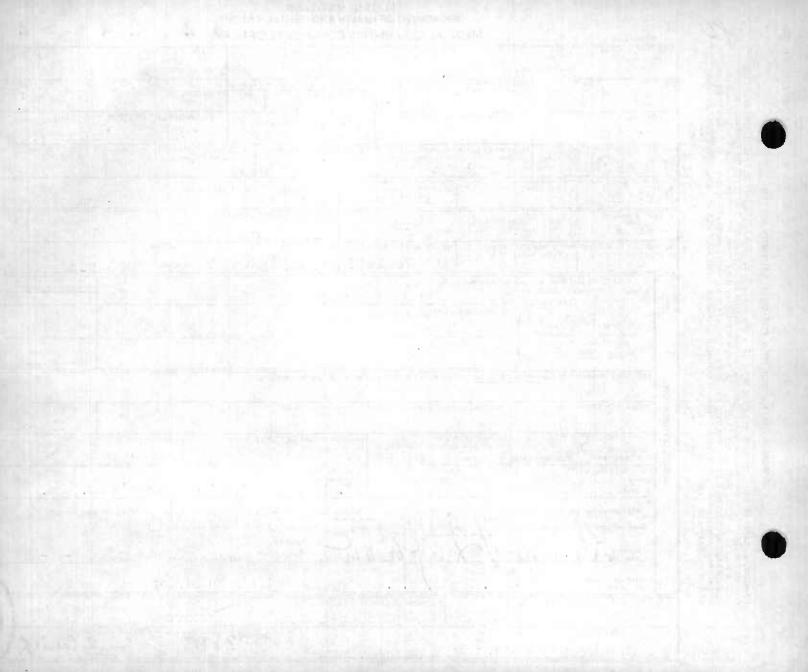
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/ /		FOR STATE		EALTH AND MENTA		1 4 4 9
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0 m × 0 m	USUA 13a. Si		R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		A LIA CIBERT ADDRESS	
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N ST., A HOU EM 18 ERMIT.		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	Pa-d	io respira	toy feilure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) ESARY, PLEASE DIRECTOR. OUR FILES. IT N 72 HOURS OF ESTI-9 1982 Frederick Rogers 19 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5:35 DATE 24 YRS. PRONOUNCED Black 24 57 Male 10 DEAD 9 1982 a. M BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Maryland MARRIED NEVER MARRIEDY USA Prince George's County WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION AND 3 TO RETAIN PARTICULO BE IT Laurel Laurel Hospital SUAL RESIDENCE (IF IN NUR! MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3035 Piedmont Avenue Maryland COUNTY 13d INSIDE CITY LIMITS? Baltimore YESXX NO [] WITH FORM PM 3. IT. PAGES LAND 2.S. DIVISION OF WALL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Frederick Rogers Thompson eazer 146 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS YES, NO, OR UNKNOWN) 216-74-1663 Frederick M.Rogers 3035 Piedmont APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO MEDICAL EXPERIENCE, WRITING THE CHIEF PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USE AFIER DEATH, WITH THE STATE DEPARTMENT OF BALLMORE, MARPAND, 2) 201 PRIOR TO BURIL YES XX NO 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 5.00 KM. 9 driver in auto/fixed object impact 211 LOCATION 21d INJURY OCCURRED TIE PLACE OF INJURY STREET, FACTORY, FARM, ETC.) NOT WHILE XX AT WORK highway Laurel , Prince George's Co., Autopsy 22a I certify that I took charge of the remains described above, held an and in my apinian Hamicide Undetermined manner death resulted from DATE Assistant 9-20-82 EXAMINER'S NAME F. Smyth Dennis Penn Street 23¢ BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. BURIAL Baltimore 9/22/82 New Catheral Cem. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 2 1 982 24. FUNERAL DIRECTOR **DHMH - 17** ADDRESS (VR A15 ME (5)) C. March 1101 North Avenue F/H E. 20M 4/B2



R.N. Horton Co. Morticians 600-Kennedy St.N.W.

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIT	CATE OF DEATH	REG. I	١٥.		
	ECEASED NAME E OR PRINT)	Maria		M.	Sch	nmidt	September		1982	26. HOUR 4:35a
3. SE	X FEMALE		4 RACE WHITE		S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	0	NEVER MARRIED	Prince (OR COUNTY		, w
,	ny or town of Riverdale		Lela	nd Memori	ial	R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST RETTRE	OF WORKING LIF		F BUSINESS O
130.	AL RESIDENCE (IF) STATE IRGINIA	T36 COUN FAII	VTY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN HERNDON		134. INSIDE CITY LIMITS? YES X NO []	130. STREET ADDRESS 705 FERNDA		NUE	
14. F.	PETER		MIDDLE	ZAPPEY		15 MOTHER'S MAIDEN NA ANNA	WE		EVE	RTZ
	WAS DECEASED EY YES, NO OR UNKNOWN NO		MED FORCES? (E WAR OR DATES)	166. SOCIAL SECUI		AUGUST A. SC	CHMIDT (Hus	band)		erndal
	IR CAUSE OF DE	ATM (Enter or	ly one coure per	line for tot the one	Lees 1				APPROXI	MATE INTERVAL
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TIFICATION	Conditions, if gave rise to cause (a). st underlying co	any, which immediate outing the ouse last.	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c)	Congesti RAS A CONSEQUE Arterios RAS A CONSEQUE DITRIBUTING TO D Diabetes	NCE OF SCIETO NCE OF NCE OF DEATH BUT S Mell	tic cardiovas	IINAL DISEASE OR CO	NDITION GIV	Unkno	own
MEDICAL CERTIFICATION	PART I. DEATI 4292 Conditions, if gove rise to couse (ol. stunderlying co	H WAS CAUSE IMMEDIA Dony, which immediate oning the puse last. BIGNIFICANT O	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CC 19b. CONDITIONS AITH HOUR AITH	Congesti R AS A CONSEQUE Arterios R AS A CONSEQUE DISTRIBUTING TO D Diabetes TION FOR WHICH IT F INJURY M. MONTH DA	NCE OF SCIETO NCE OF DEATH BUT S Mell OPERATION	otic cardiovas	NINAL DISEASE OR CO	20b. IF YES IN CERTIF	Unkno	own

Carl J. Houmann, M.D.

ATTENDING PHYSICIAN MEDICAL STAFF

September 22,

22e. ADDRESS

4404 Queensbury Rd., Riverdale, Md. 20737

(VRA 15, 4)

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 J. BERKLEY GREEN, 721 ELDEN ST., HERNDON, VA

BURTAT

MPORTANT: If hem 21 is

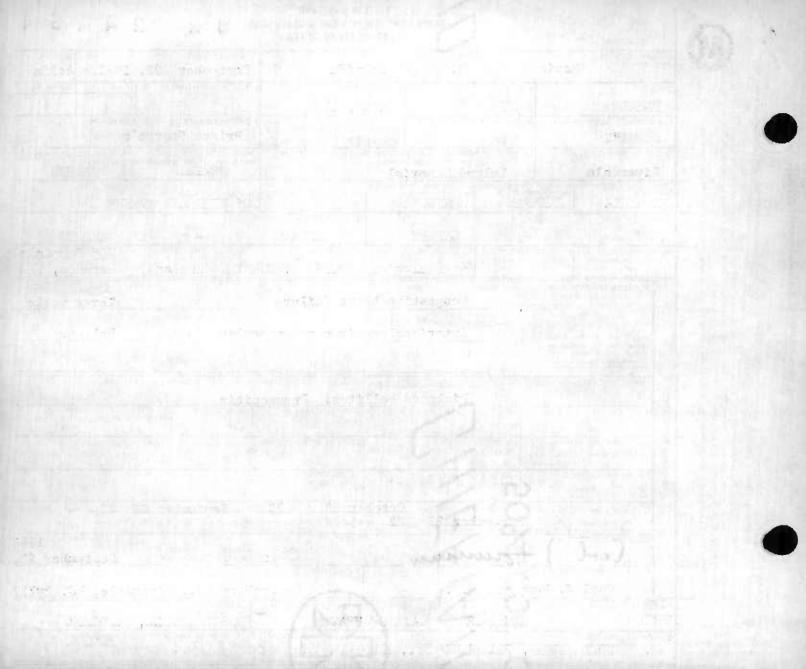
23a. BURIAL, CREMATION, REMOVAL

FOR

9/24/82

23c. NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN

23d. LOCATION
CITY OR TOWN
SILVER SPRING, MARYLAND

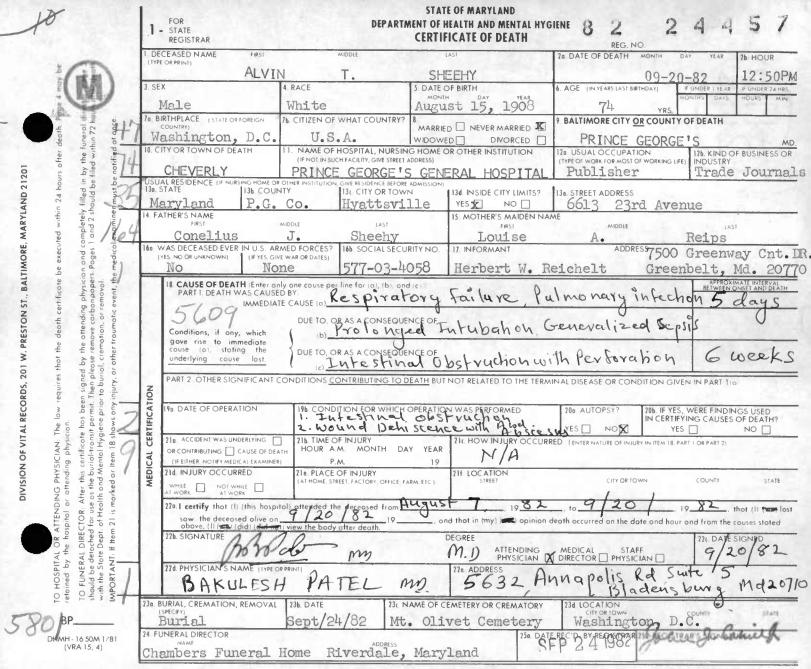


	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH OFFICIAL PROPERTY OF THE PROPERTY O	4 5 5
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3. SE		19 24 HOU 125
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06	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SIGH FACILITY, GIVE SIGHE ADDRESS) AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	on ADOKING
130.	STATE 136 POUNTY 136 COUNTY 136 COUNTY 136 CITY OR TOWN 136 INSIDE (ITY LIMITS? YES NO 22 Rings Ro. Apt	286
J	THE STATE OF THE S	ot Aia
-(1	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 57903-2017 LURY Blocker 3202 Super 102 LAS	BOW EMB
rion	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF UE TO, OR AS A CONSEQUENCE OF UE TO, OR AS A CONSEQUENCE OF Collection PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION		20. AUTOPSY? YES NO
MEDICAL CE	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 10 PLACE OF INJURY (AT HOME, STREET CITY OR TOWN STREET CONTOWN COUNT STREET CITY OR TOWN COUNT	
2	WHILE AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT AT WORK 226. I certify that I taak charge of the remains described above, held an Autapsy I Inspection Inquiry I, and in my apinit death resulted fram: Natural causes A, Accident I, Suicide I, Hamicide I Undetermined manner I, TITLE (SPECIFY) DATE	
230.	SIGNATURE A. DAR MID M.D. DEPTHY MEDICAL EXAMINER SIGNED	11/8-81
1		11/8-81

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DATE KNOWN XX MONTH OF ESTI-DEATH MATED SEPT I. DECEASED NAME (TYPE OR PRINT) John Henry 4 RACE 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD September 2, 1982 Caucasian January 27,1961 21 YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIETE U.S.A. WIDOWED | Marvland DIVORCED Prince George's County B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (If NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Prince George's Gen. Hosp./Med. Cr. Heating & Air Conditioning Cheverly SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | YESX | NO | 4705 Medora Drive 13c. CITY OR TOWN Prince George's Maryland Suitland 20746 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John H. Settle, Sr. Virginia Sydnor 4705 Medora Drive, Suitland, 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) N/A John H. Settle, Sr. Maryland 20746 577-92-7121 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Trauma, head injury, multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) TO MEDICAL
EXECUTE THE CERTIFICATE, WANTED
PAGE 4 SHOULD BE FORWARDED TO THE CHARAL DIRECTOR: PAGE 3 SHOULD BE USED AS
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEAL
BALTIMORE, MARYTOND, 2)201 PRIOR TO BURIAL, OF 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR Motorcycle accident UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION Schultz, Clinton, CITY OR TOWN WHILE NOT WHILE Md. InspectioXXXX InquiryXXXX and in my apinian 22a I certify that I took charge of the remains described above, held an Autopsy Acciden(XXXX Suicide Hamicide ____ death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER Prince George's General Hospital & EXAMINER'S NAME (TYPE OR PRINT) Aholohassem Hatef M.D. ADDRESS Medical Center, Cheverly, Maryland 23¢ NAME OF CEMETERY OR CREMATORY Buria1 September 7,1982 Resurrection Cemetery Clinton Pr. George's MD 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR **DHMH-17** (VRA15 ME (5)) 66 B3 Old Alexander Ferry Road, Clinton, Maryland

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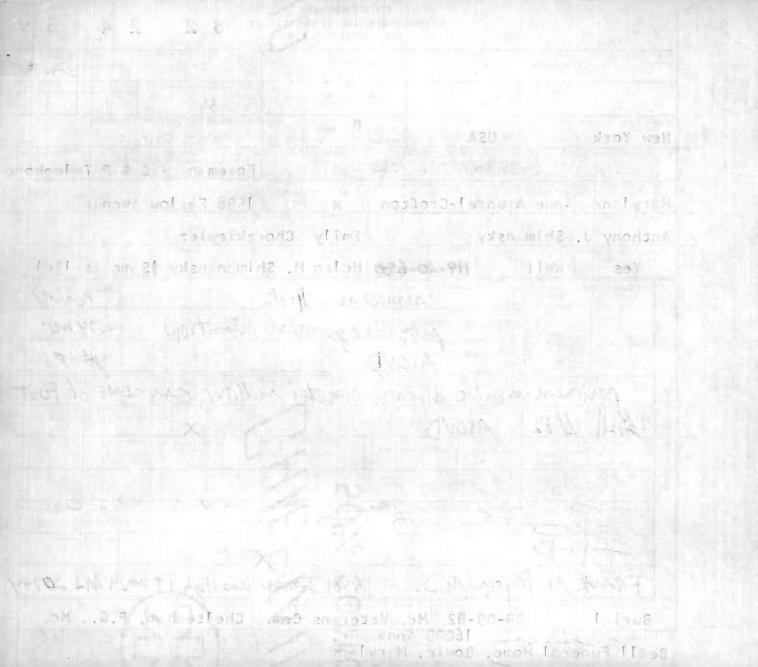


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7 Copies 2		3. SEX	ale	White	5. DATE OF B	IRTH 18 66	6. AGE (IN Y	EARS IF UNI		IF UNDER 24 HI		NCED	молтн	20 ₁₉ 82		
407	116	R		sland	U.S.	A .	NTRY?	8 MARRIE WIDOWE		VER MARRIED		ince G	_	Y OF DEATH	MD.	
ELAY IS POTHE P	S, 201 W.		Cheve	r1y	Pri	HOSPITAL, NU UCH FACILITY, GIVE S NC e Geo	rges G	eneral	R INSTITUT	pital S	USUAL OCCUI FOR MOST OF WOR Studen	PATION (TYPE IKING LIFE) T BOW	of work	12b. KIND OF B OR INDUS	USINESS TRY Chool	
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RE, MD. EATH, II SES 1, 2,	OS FAITAL	14. FA	THER'S NAME	d	F.	Sh	evlin		V	r's MAIDENNA PST eronic		NDDLE		Moon		
ALTIMO AFTER D SIVE PAG TH FORM	AGES 1	16a. W {YE	AS DECEASES	D EVER IN U.S. ARA WN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16h_SO -03	GIAL SECURI B-80-1 3-22-3	096 873	17. INFORM	vard St	newlin	S ame		#13		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3.	RIAL - TRANSIT PERMIT. P. D MENTAL HYGIENE, DIV ON, OR REMOVAL.	7	PARTIDE Sondition gave ris	ns, if any, which se to immediate stating the under-	DBY: (E CAUSE (o) _ DUE TO (b) _		e brai NSEQUENCE Vehicl	of e acci	ident	ith brai	in deat	h		APPROXIMA BETWEEN ONS	SET AND DEATH	
ITAL RECORDS, SHOULD BE EXEC RRD "PENDING" CHIEF MEDICAL	EUSED AS A BUI TOF HEALTH AN URIAL, CREMATI	CERTIFICATION	A.	Spirate p OPERATION /A	neumon	ia ONDITION FOR					0.			20. AUTOPS		
DIVISION OF V HIS CERTIFICATE S WRITING THE WO	ARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT 201 PRIOR TO BU	ATE DEPARTMENT OF 1201 PRIOR TO BUT	MEDICAL CER	UNDERLYING CONTRIBUTION 21d. INJURY C	NG CAUSE OF I	DEATH	AE OF INJURY R. A.M. MONTH P.M. 9/1! ACE OF INJURY T, FACTORY, FARM, E	9 198	211 LOC	/A Ca	occurred (EN		wn		YTNU	STATE MD.
WEDICAL EXAMINER: T CUTE THE CERTIFICATE, F. 4 SHOULD BE FORM	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 MND 2 SHOULD BE FILED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIVISION OFWITAL RECORDS, 201 M BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. SELECTION OF MEMOVAL. MEDICAL CERTIFICATION SELECTION OF THE STATE DEPARTMENT OF THE STATE OF THE STAT		22a I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	+	ral causes	Accident	Di s	Autops	,	uty Prince	mdetermined mo	AINER	eral			
0 40 BP_	AFTI BALL	(5	JRIAL, CREMA	TION, REMOVAL 2		230	name of ce	METERY OR	cremato	emeyery	BOW I	e Pr	. Ge	o. Md.	STATE	
DHMI (VR A)5 20M	ME (5))	24. FL	NAME 160	00Annap	olis 1	Per. Bo	wie,	Md.		SEP 3		JO C	NIKAK 35	IGNATURE COLLECT	2	

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(VRA 15, 4)



	I. DF	REGISTRAR CEASED NAME FIRST	MIDDLE		FICATE OF DEATH	REG. N		YEAR 2b. HO
	(TYPI	E OR PRINT)	Edward	Sil	oley	September		
	3 SE		4 RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		NDER I YEAR IF UNDE
1		Male	White	Mar	ch 2, 1903 AR	79	YRS.	THS DAYS HOURS
	7a. B	IRTHPLACE (STATE OR FOREIGN	7% CITIZEN OF WHAT COUN	TRY?	D X NEVER MARRIED	BALTIMORE CITY O		DEATH
11	10000	shington, D.C.		WIDOWI	ED DNORCED	Prince Geo	orge's C	ounty
19	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired	ION 1	126. KIND OF BUSIN
10		reenbelt	American Medi	cal Nurs	sing Center	Retired		P.E.P. Co
SE	Mc	STATE 136 COU Prin	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13, CITY OR COlle		131 INSIDE CITY LIMITS? YES 🔼 NO 🗌	5711 Vasse	ar Drive	
102	14. F.	ATHER'S NAME William	MIDDLE	ey	Dora Pirst	WIDDIE		Lent
1	16a. V	WAS DECEASED EVER IN U.S. A YES, NOWHINKNOWN) (IF YES, GI		SECURITY NO	17 INFORMANT Eugenia Sible	ey Same as		Vife)
#1			377 0	9 0310	Eugenia Dibi	ey bane as	"10 (
eve		PART I. DEATH WAS CAUS	only one cause per line for (a), (b SED BY	oi, and ici.i	a new coton	any	-fo	APPROXIMATE INT
nati		0309 IMMEDIA	ATE CAUSE (0)	M	ANDIA ALLAN	ava	4	
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other t		Conditions, if any, which	(b)		SUNDY			MM
5		gove rise to immediate)					
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0 10 ./	-	underlying cause lost	DUE TO, OR AS A CONS	EQUENCE OF				
ury, or		underlying cause lost	DUE TO, OR AS A CONS (c) T CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	AINA)-DISEASE OR CON	IDITION GIVEN	IN PART 1(0)
iny injury, or o	NO	underlying cause lost	(c)		NOT RELATED TO THE TERM	AINAL-DISEASE OR CON	IDITION GIVEN	IN PART 1(0) GE
any injury, or	CATION	underlying cause lost	(c)	La No	zimor a	AINAL-DISEASE OR CON	TOB. IF YES, W	ERE FINDINGS USE
shows any injury, or	TIFICATION	underlying cause lost PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING	La No	zimor a	NReo	TOB. IF YES, W	VERE FINDINGS USE
18 shows any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING 196 CONDITION FOR W	O DEATH BUT	zimor a	200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYING YES	ERE FINDINGS USE IG CAUSES OF DEA
Item 18 shows any injury, or	1	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	T CONDITIONS CONTRIBUTING 1% CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	2 (MOL) ON WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYING YES	ERE FINDINGS USE IG CAUSES OF DEA
or Item 18 shows any injury, or	1	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING 1% CONDITION FOR W 21% PLACE OF INJURY	DAY YEAR	216 HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	10b IF YES, W IN CERTIFYIN YES [IRY IN ITEM 18, PART 1	VERE FINDINGS USE IG CAUSES OF DEA NO (
2 2 9	MEDICAL CERTIFICATION	UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	T CONDITIONS CONTRIBUTING 1% CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	210 HOW INJURY OCCUR	200 AUTOPSY? YES NO	10b IF YES, W IN CERTIFYIN YES [IRY IN ITEM 18, PART 1	ERE FINDINGS USE IG CAUSES OF DEA
or Item 18 shows any injury, or	1	UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	T CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM, ETC.	216 HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	10b IF YES, W IN CERTIFYIN YES [IRY IN ITEM 18, PART 1	PERE FINDINGS USE IG CAUSES OF DEA NO (1) I OR PART 2)
or Item 18 shows any injury, or	1	UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify the (1) this hos	I ONDITIONS CONTRIBUTING I ON CONDITION FOR W I ON CONDITION FOR	DAY YEAR 19 FFICE, FARM, ETC.	216 HOW INJURY OCCUR	200 AUTOPSY? YES NO ENTER NATURE OF INJU	106 IF YES, W. IN CERTIFYIN YES THE TITLE OF	PERE FINDINGS USE IG CAUSES OF DEA NO I OR PART 2) COUNTY
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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN 1. DECEASED NAME MONTH 2b. HOUR LTYPE OR PRINT) OF ESTI-DEATH MATED James Vernon Singleton 15 19 82 4 RACE SEX 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. DATE OF BIRTH 2d. HOUR 2c. DATE MONTH LAST BIRTHDAY) 8:05 PRONOUNCED 52 03 1930 15 1982 Male Negro 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED USA Virginia DIVORCED 2. AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED. "AL RECORDS, 201"W. ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Contract Admin Clinton Southern Maryland Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 13a. STATE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Spring 5142 Clacton Avenue Camp VITAL 18. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 S, DIVISION QE VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Singleton Scott Susan Henry Sharron Singleton-daughter-2330 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 38 Good Hope Road, S.E. 9401 yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMITOR HEALTH AND MENTAL HYGIENE, Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, ARDED TO THE CHIGE 3 SHOULD BE L YES NO Z 216 EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING WOR 21201 PRIOR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY NOT WHILE PAGE 4 SHOULD BE FORWARD

TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE!
BALTIMORE, MARYLAND, 21201 AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) 9/16/82 Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills. Md. EXAMINER'S NAME Augusto TYPE OR PRINT 23a. BURIAL, CREMATION REMOVAL 23d. LOCATION SPECIFY) Park-Landover, Marylad Memoria Burial 24. FUNERAL DIRECTOR **DHMH - 17** Stewart RoadIN (VR A15 ME (5)) 15M 2/80

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(FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2 REG. NO.	2	4	die j	(
	1. DECEASED NAME	C)ST MIDDLE	1.451 20	DATEO	DEATH MON	TH D	AY	YEAR	2b H

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME (TYPE OR PRINT)	SSELL A.	SMITH	SEPT 1	DAY YEAR 26 HOUR 20
	3. SEX	4. RACE WHITE	5. DATE OF BIRTH 4-15-1902 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1	JA. BIRTHPLACE (STATE OR FOREIGN ITITIOS	U.S.A.	** MARRIED X NEVER MARRIED WIDOWED DIVORCED C	Dan	Geo.
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7	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 131 COUN Michigan Kalan	13c. CITY OR TO	NN 13d. INSIDE CITY LIMITS? PL YES NO X	Rt. I Box 26	67-K
9	Melas	D. Smit		WIDDIE	Giershu
3	(YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES) 306-03		e B. Smith (Wi	Same as ife) above
	PART I. DEATH WAS CAUSE	Ily and couse per line (10), (b), of DBY FE CAUSE (a) DUE TO, OR AS A CONSEOL (b) DUE TO, OR AS A CONSEOL (c)	NARY HRIER, PRID SCLEROTIC	CARDIO VAS DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	PART 2 OTHER SIGNIFICANT OF ARCING 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	MA OF PROS	DEATH BUT NOT RELATED TO THE TER TATE WITH HOPERATION WAS PERFORMED	METASTASIS 200 AUTOPSY? 20b. IF Y	IVEN IN PART 1(0) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\sum \cong \cong\cong \cong
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134 BUHIAL CREMATION REMOVAL Burial 9-14-82 Mt. Olivet Cem. 24 FUNERAL DIRECTOR Nalley's Mt. Rainier, Md. F.H. Inc.

23h DATE

ZIL NAME OF CEMETERY OR CREMATORY

Washington, D.C.

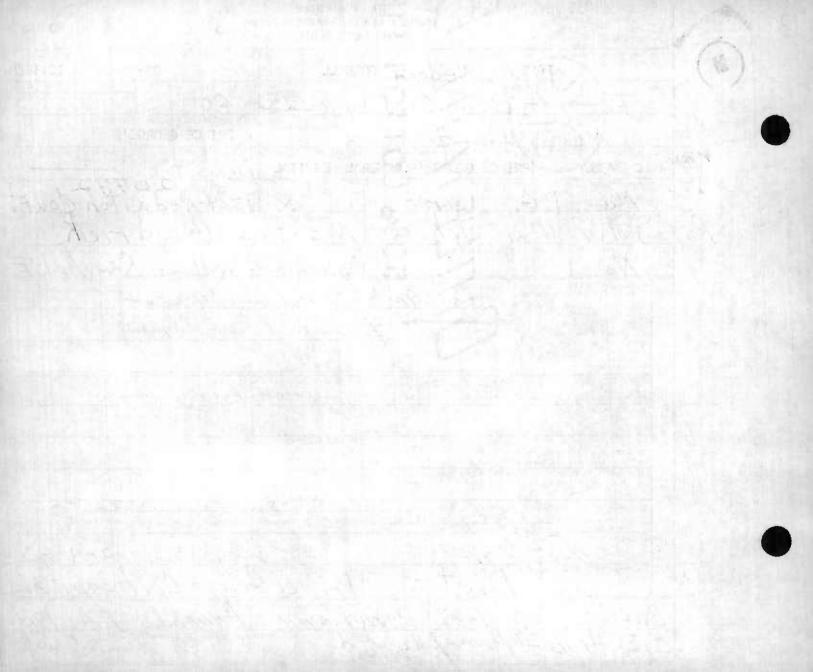
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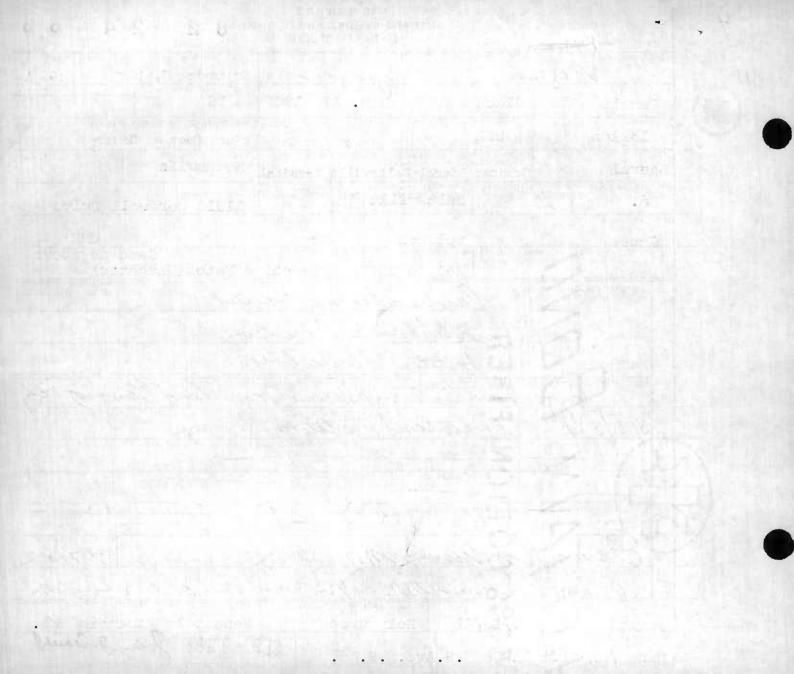
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AND 21	13a.	Md Mon	OR OTHER INSTITUTION UNITY TROMETY	Burtonsv	ille	134 INSIDE CITY LIMITS?	3925 Black bu	ırn Road	
MARYL red with ond 2 s	III.F	ATHER'S NAME John	Boetk	er	293	Anna Rest	WE	Hefner	LAST
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o 7		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	SED BY			est - Coruna	ry orlery oseo		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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PITAL OR by the ho by the ho ERAL DIRE detached State Depti		276. SIGNATURE	lapty				MEDICAL STAFF DIRECTOR PHYSICIAN		DATE SIGNED
TO HOSPIT, etoined by TO FUNER, should be dwith the Stower MAPORTAN		22d. PHYSICIAN'S NAME TIME MAXIMU		VGER		270 ADDRESS 6001 La	ndever Rd	Cheval	na 20185
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STATE OF MARYLAND

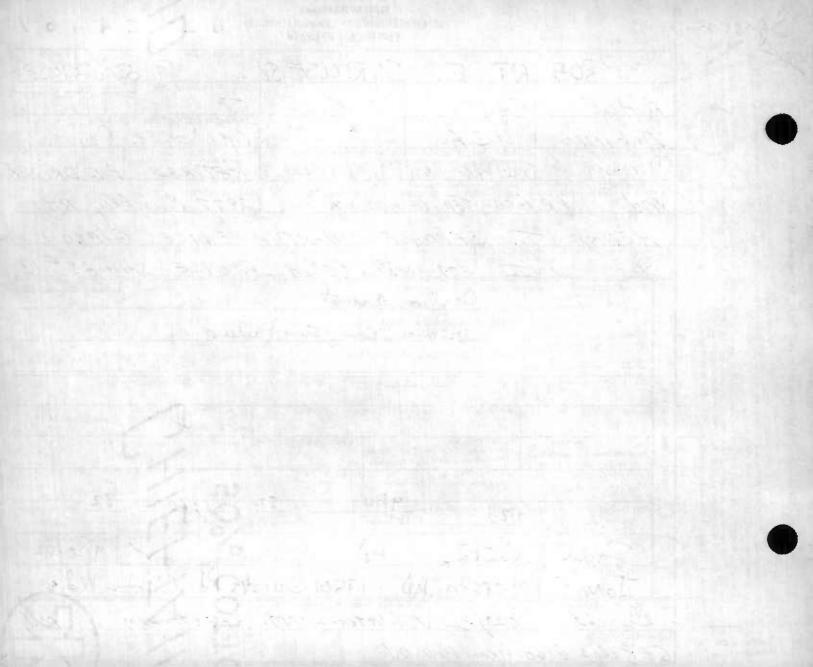
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1	FOR - STATE REGISTRAR	[EPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	0 40 6	2 4 4 6
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3. 3	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
) _	Female	Black	Dec. 17 190	YRS	
70.	BIRTHPLACE (STATE OR FOREIGN FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
10	CITY OR TOWN OF DEATH		WIDOWED NURSING HOME OR OTHER INSTITUTION	Prince Georges 120 USUAL OCCUPATION	126 KIND OF BUSINES
ar av	aurel	(IF NOT IN SUCH FACILITY, C		ITYETOKWARHERRMAN GEWORKING	LIFE) INDUSTRY
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and the	FATHER'S NAME		15 MOTHER'S MAIDEN I	11518 Cordw	all brive
0	Jacob		omon Mary	WIDDIE	UNK
/ 16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	AL SECURITY NO. 17 INFORMANT	ADDRESS Sa	me as above
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7 3	OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR		
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1	saw the deceased alive a above (I) (we) (did) (did n	ot) view the body after deat	19 and that in (my) (cor) opinion	in death occurred an the date and ha	our and from the causes star
	22b SIGNATURE	1//	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
	Clenne	mun		MEDICAL STAFF DIRECTOR PHYSICIAN	7/1/8
	224 PHYSICIAN'S NAME (TYPE	O'C	mh 122e. ADDRESS	well be k h die	- 11. 1m
	1 VENNISO	1-5090mer	133)- 1966 - 96	vel Park Do A/c	1 Cacre/11/
	(SPECIFY)			23d. LOCATION CHY OR TOWN	COUNTY
		19/10/82	HOLY Cross		
<u>F</u>	BURIAL, CREMATION, REMOVA (SPECEY) BUTIAL FUNERAL DIRECTOR NAME Hines/Rinaldi	9/10/82	Holy Cross Ave.S.S.Md.	Pensacola Es	camb i



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Sprouse.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 4 4 6 /
oy te	I. DECEASED NAME (TYPE OR PRINT) ROBERT 3. SEX	MIDDLE SPROUSES! 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR S. DATE OF BIRTH 6. AGE (IN YEAR LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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Oche Pe h	228. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN P
TO HOSPITAL retoined by the TO FuneRal should be dero with the Store	226. PHYSICIAN'S NAME (TYPIO) PRINT)	rson ND. 7501 Surrotts Rd., Clinton, Mole.
1402 BP	238. BURIAL CREMATION, REMOVAL 236. DATU (SPECIAL)	3/82 MA VETERAN CEM. CHELTENHAM COUNTY CARANTE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FUNERAL DIRECTOR CP Kalas 6/60 03	250. DATE REC'D. BY REGISTRAR'S STONATURE
(-10-10, 7)	177.1.13	



6	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	IE OF MARYLAND HEALTH AND MENTA FICATE OF DEATH		8 2	2	4 4 6	6 8
ee e e e e e e e e e e e e e e e e e e		EASED NAME	FIRST		EVI EVE		asi AKEM		REG. NO	9 - 4 -	YEAR 26 H	
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AND 213	13a ST		BE COUNTY		13c. CITY OR	OWN	13d INSIDE CITY LIM	13e.	7021 Dolp	hin Ave	nue	
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DIVISION OF VITAL NG PHYSICIAN: The oftending physicion fiter this certificate h os the buriol-from is the ond Mental Hydrin orked or frem. 8 s	101	Pla. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH	21b. TIME OF HOUR A.A	M. MONTH	DAY YEAR	21¢ HOW INJURY O		ES NOT	YES	NO DR PART 2)	
NG PHY: offendir fter this ss the bu	ME ME	WHILE NOT WHILE AT WORK		21e PLACE C	OF INJURY SET FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOW	N C	OUNTY	STATE
ATTENDIFICATION OF SECTOR AIR for use of differ use of the other minutes		20.1 certify that (1) (the saw the deceased above, (1) (we) (did	olive on		3/3	9 82.0	nd that in (my) (our) of	pinion deoth	to	e ond hour ond	from the couses	(we) last
AL OR the house to Depth the Depth t		76. SIGNATURE	de	eui	toda	100		ING A	EDICAL STAFF RECTOR PHYSICI		PL DATE SIGNE	P
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DHMH - 16 50M 1/81 (VRA 15, 4)	1.6	Heis Gasch		ns Fun	eral Ho	ome, P.	25	SEP	O 100	PEGISTRAR'S	2. Come	ed

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FOR - STATE REGISTRAR

STATE OF MARYLAND

NO T

19 Sep. 1982

STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH I. DECEASED NAME TYPE OR PRINT Virginia Pearl SUMMERS 19 1982 September SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR June 7, 1892 YEAR DAYS Female White 74. BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Missouri U.S.A. DIVORCED T WIDOWED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR FINOT IN SUCH FACILITY, GIVE STREET ADDRESS) Riverdale

-		acrana.		1		
5	LUSUAL RE20705 NURSING HO 130. STATE 136 (P)	COUNTY Geo.	GIVE RESIDENCE BEFORE ADMISSION) 12. CITY OR TOWN BELLSVILLE	136. INSIDE CITY LIMITS? YES NO	114f1^Cedar	Lane
C	Wallace	WIDDLE	James	15. MOTHER'S MAIDEN NAM Martha	MIDDLE	Henderson
1	16g. WAS DECEASED EVER IN U.	S. ARMED FORCES? (ES, GIVE WAR OR DATES)		Mary S. Heinz	ADDRESS	#13 (Daughter)

264 67 3993 Mary S. Heinze (Daughter) Same as #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY Acute congestive heart failure One day IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular disease Unknown Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NOR 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211, LOCATION 21d. INJURY OCCURRED 210 PLACE OF INJURY COUNTY CITY OR TOWN

NOT WHILE to 19 September 19 82 22a.1 certify that (1) (this haspital) attended the deceased from_

sow the deceased alive on 19 September 1982 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED

PHYSICIAN (X) 22a. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Carl J. Houmann, M. D. 4404 Queensbury Rd., Riverdale, Md. 20737.

ATTENDING

MEDICAL

234 NAME OF CEMETERY OF COMPANY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Orlando Orange Woodland Memorial Park Florida

Francis Sasch's Sons Funeral Home, P.A.

STAFF

DIRECTOR PHYSICIAN

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL uld be deto

show with

Burial

CERTIFICATION

Mental Hygiene Item 18 shows

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MPORTANT:

9/23/82

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

Hyattsville, Maryland

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	emale	4 RACE White	5. DATE OF BIRTH MONTH DAY NOV.5.1	918 6	GE (IN YEARS IF UN ST BIRTHDAY) MONT		NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	9-7-	DAY YEAR 2d HOUR
Wa		on,D.C.	76. CITIZEN OF W	•	WIDOW		VORCED	Prince		s County MD
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M	arylan	d P. C	OR OTHER INSTITUTION, GI	FIRE CITY OR I	OWN nsburg	13d INSIDE CITY LIN	13e STI	REET ADDRESS	Ave. A	pt-7
U	nknown		MIDDLE	LAST		15. MOTHER'S A FIRST Unknow	WID.	MIDDLE		LAST
16s. V	ES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	579-12		Mr. Ric			No# 1	ss Same as 3e.
VIION	lying cau	gave rise to immediate cause (a) stating the under- Jung cause last. (c) Out to, OR AS A CONSEQUENCY OF (c) Out to the terminal disease or condition given in Part 1 (a).								
CERTIFICATION	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)								20 AUTOPSY? YES NO 2)	
MEDICAL	21d INJURY O	NG CAUSE OF	DEATH P.M.		19 10ME, 21f LO	CATION		CITY OR TOWN	COUN	ITY STATE
	22a certif		ge of the remains des	cribed abave, he	ld an Autap Suicide	, Hamicide [Inquiry K,	and in my apin	ıan
	ACTUAL SIGNATURE_ EXAMINER'S	SAH)	A Dae	ASK M	<u></u>		y MED 2 Anna	DICAL EXAMINER POLIS RO		Sept.7,198 e#4
	(TYPE OR PRIN	VT)	u ne Duc	ce none		ADDRESSBLA	<u>lensbu</u>	rg. Mary	land	
3 c. B (URIAL, CREMAT	ION, REMOVAL	9/10/82		OF CEMETERY O		23d. LC City	CATION ORTOWN rentwood	P.G.	Maryland

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ANTITY STREETING THROUGH THE FURTILITY DESCRIPTION OF STREET TEXTER PRINCES OF THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-H. ours Weene 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED Jan.23,1906 DEAD 6 YRS 79. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash., D.C. U.S.A. Pr.Geo. WIDOWED T DIVORCED IB CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Landover -E.Chesapeake Street Homemaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 13b. COUNTY Md. Landover 7108-E.Spring St. NO -14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Howard Crawley Bernard Mary ADDRESS 7021-E. 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 220-44-4896 Louise M. Stack Chesapeake St. Landover, Md BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) ond (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the underlying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO T 21g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.] STREET STATE CITY OR TOWN COUNTY WHILE AT WORK Inspection 220. I certify that I took charge of the remains described above, held on Autopsy and in my apinian Undetermined monner death resulted from: Homicide Natural couses Suicide TITLE (SPECIFY) FUNERAL C MEDICAL EXAMINER EXAMINER'S NAME TO FU AFTER BALTIN TYPE OR PRINT **ADDRESS** 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Ft.Lincoln Cem. Brentwood Burial 24. FUNERAL DIRECTOR Mt. Rainier. (VR A15 ME (5)) Inc. Md. 15M 7/76

STATE OF MARYLAND

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Removel 9/10.1902 Georgetorn Ned. School Weshington, D.O.

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ector, p	3. SE	Male	4. RACE Caucas		0F BIRTH 6 1921		IF UNDER 1 YEAR IF UNDER 24 HRS
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and be	13a.	AL RESIDENCE (IF NURSING H STATE laryland	OME OR OTHER INSTITUTION COUNTY P.G.	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN OXON HILL	13d. INSIDE CITY LIMITS?	13. SIREEJ ADDRESS 305 Ellswoth	Place
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been signed by the attending in Then please remove carb prior to buriol, cremation, or only injury, or other traumatic	TION		DUE TO, O		22/VCA	NINAL DISEASE OR CONDITION GIVE	
9 8 P	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH OPERATION		YES NO YES	
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TOR: After the for use os the of Health and 21 is marked	W	220.1 certify that (II (this saw the deceased of above, (I) (we) (did) (0 0	19.52	DECOSE	deoth occurred on the date and hour	
DIRECTOR: After the cheed for use as the Cheed for use as the Dept. of Health and Nem 21 is marked to	W	22a.1 certify that (II (this	ive on 9-3 did not view the bady	after death.	, 17	deoth occurred on the date and hour	, mai (ii pac) iasi
DIRECTOR: After the cheed for use as the Cheed for use as the Dept. of Health and Nem 21 is marked to		220.1 certify that (II (this saw the deceased of above, (I) (wested) (220.5 SIGNATURE 220.4 PHYSICIAN'S NAME William K.	ive on 9-3 did not) view the body	after death. 19 82 n	DEGREE ATTENDING PHYSICIAN 220 ADDRESS 9401 India	MEDICAL STAFF DIRECTOR PHYSICIAN	and from the causes stated
RECTOR: After the ed for use as the pt. of Health and em 21 is marked a	23c. (220.1 certify that (II (this saw the deceased of above, (I) (webside) (22b. SIGNATURE 22d. PHYSICIAN'S NAME WILLIAM K. BURIAL, CREMATION, REM BURIAL	did not view the bady Hent (TYPE OR PRINT) Furst OVAL 23b. DATE Sept 1	after death. 19 82 n	DEGREE ATTENDING PHYSICIAN 220 ADDRESS 9401 India CEMETERY OF CREMATORY ah-i-Saleheen	MEDICAL STAFF DIRECTOR PHYSICIAN Head Highway 13d LOCATION CITY OR TOWN	and from the causes stated 22c. DATE SIGNED 9-//-8-Z COUNTY STATE

Nale Cancesian 2 6 1921 51 Afghanistan Afghanistan Uson Bill 905 Elleworth Place Caon Rill Centr Smirle up Maryland 1.G. Oxon Bill + 105 Elleworth Place Nohumed Faher Nathern Schumed Ungie & in Alten 19 No. Come Nome Tainerien Schumen Ungie & in Alten 19 One Nome Tainerien Schumen Ungie & in Alten 19 One Nome Tainerien Schumen Ungie & in Alten 19 One Nome Tainerien Schumen Ungie & in Alten 19 One Nome Tainerien Schumen Ungie & in Alten 19 One Nome Tainerien Schumen Ungie & in Alten 19 One Nome Tainerien Schumen Ungie & in Alten 19 One Schumen Come Tainerien Schumen Ungie & in Alten 19 One Schumen	101 3861	9 10	12	Pulse	Fohnumed	for a	1
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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(10)		REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDD	lE.	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUI
		JOSEP	H W.	TAY	LOR	9	4 82 5:41
3	. SEX		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS
		Male	White		t. 19 ^{^*} 19ö9	72 _v	RS DAYS HOURS
31	C	RTHPLACE (STATE OR FORFIGN	10 0112211 01 1111	AT COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY OR COU	INTY OF DEATH
2		irginia	U.S.A.	WIDOW		□ Prince George	s County
1	0_CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12h KIND OF BUILDIE
1	1	Clinton L RESIDENCE (IF NURSING HOM	Southern	Maryland Ho	spital	Book Binder	Gov't. Pri
		TATE 13b Co	OUNTY 130	CITY OR TOWN	136. INSIDE CITY LIMITS		
4			nce George	Temple Hills		4124 - 24th A	lvenue
11	I FA	THER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN	MIDDLE	LAST
PU.		Samuel	Archer	Taylor	Mamie	E.	Sherrill
1 16		AS DECEASED EVER IN U.S.	S. GIVF WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT	L12L - 2	24th Avenue
/		No	5	79-07-4085	Dorothy F.	Taylor Temple	Hills, Maryla
	П	18 CAUSE OF DEATH (Ente	er anly ane cau per line	far (a), (b), and (c).)		Section 19 But Notes	APPROXIMATE INTERVIBET WEEN ONSET AND I
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	- 1	510 CAME	DIATE CAOSE (O)	()	1/	The state of	
- 1		0/00		A CONSEQUENCE OF	7.	8.10	
		Canditians, if any, which gave rise to immediate	(b)(b)	evere veve	entucular	Jailor	
	-1	cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF	, ,		
		onderlying cause last.	(c) m	tractible	hypotem	La - ARDS-	
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1	CERTIFICATION					YES NO NO	ERTIFYING CAUSES OF DEATH
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	-	276 SIGNATURE			DEGREE		22c DATE SIGNED
- 1	- 1	(my Tree	>	ATTENDIN	MEDICAL STAFF N DIRECTOR PHYSICIAN	Sant E
7		224 PHYSICIAN'S NAME (IN	VOE OR OR OWN		22e. ADDRESS	N DIRECTOR PHYSICIAN	Sept. 5,
/	_		1				
/		Stanley Jo	sef M.D.			ch Ave., Hillcres	st Hgts., Md.
23	15	URIAL, CREMATION, REMOV		23c NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION	COUNTY 51
		Burial	9/8/82	Cedar H	ill Cemeter	Suitland	Pr Coo Md
24	4 FU	NERAL DIRECTOR		6160 Oven	H111 DA 250.	DATE REC'D. BY REGISTRAR 26 RE	GISTRAR'S SIGNATURE
	Ge	orge P. Kalas	Funeral Ho	DIE OFFICE ONO!	1 Manual	SEP 1 4 1984	hands labely
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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21201 PRIOR TO BUR	1 10 1	WHILE AT WORK	NOT WHILE AT WORK		PLACE OF INJURY REET, FACTORY, FARM,			CATION			CITY OR TO	WN		COUNTY		STATE
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FOR

REGISTRAR

- STATE

Washington, DC September 24, 1982 Lee's Crematory Cremation 250. DATE REC'D. BY REGISTRAR 25 GISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 50M 4/B2 6633 Old Alexander Ferry Road, Clinton, Maryland (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

· 18A

(20601)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

hour

NO I

22c. DATE SIGNED

STATE

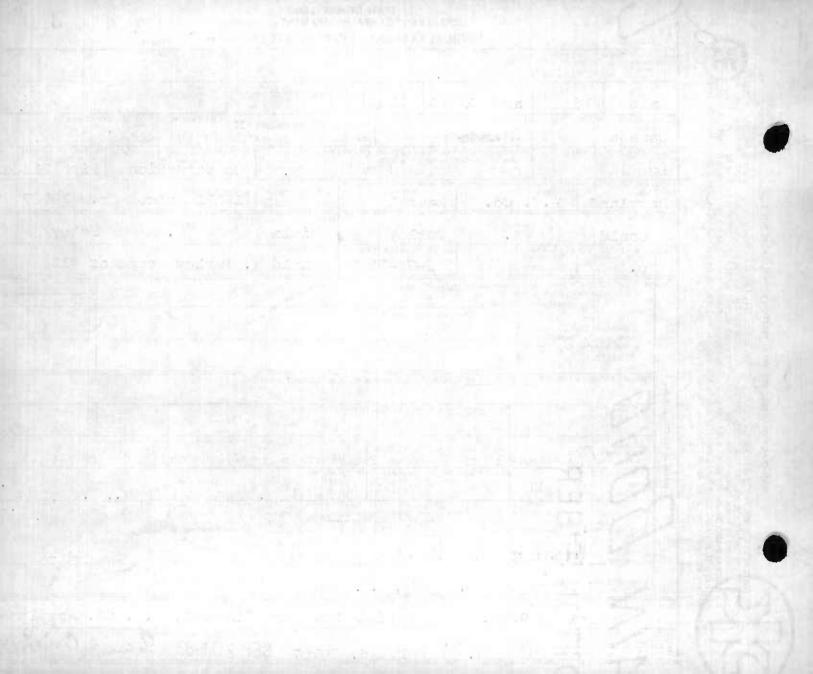
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P. Gaschis Sons F.H. P.A. Hyattsville, Md.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE KNOWNXX DECEASED NAME 7h HOUR (TYPE OR PRINT) OF ESTI-W. Glenn Turley DEATH MATED 16 198 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 5:00 a. M SEX 4 RACE DATE OF BIRTH 2c DATE MONTH 21 VPS PRONOUNCED March 16,61 White Male 16 1982 75 CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Canada Country) U Canada Prince George's County DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17h. KIND OF BUSINESS **OR INDUSTRY** Greater Laurel/Beltsville Hosp. Construction Fire Places Laurel ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE (ITY LIMITS? 136. STREET ADDRESS 16121 Malcom Dr. 136 COUNTY 13c. CITY OR TOWN 20707 P.G. Co. Laurel Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE M. Viola Selby Turley Ronald W. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LIEVES COVE WAR OR DATEST 215-72-7267 Ronald W. Turley same as #13 No. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL E, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. WARRED TO THE CHIEF MEDICAL EXAMINER ALONG WARRED TO THE CHIEF AND WARREL PRANSIT PERMIT. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. (21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Head & Face Trauma AMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 3: 20 KM. driver in auto/fixed object impact 16 19 82 21e PLACE OF INJURY 21f LOCATION EXECUTE THE CERTIFICATE, WARNING TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BATHWORE, MARTANIN, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rd. near McCahill Dr.. road Bond Mill Laurel Autopsy XX 220. I certify that I taak charge of the remains described above, held an Accident X Undetermined manner Natural causes Suicide TITLE (SPECIFY) SIGNED 9-16-82 Assistant EXAMINER'S NAME Margarita A. Korell, M.D. III Penn Street 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Laurel, P.G. Co. Maryland 9/20/82 Ivy Hill Cemetery Burial 24 FUNERAL DIRECTO FLECK FUNERAL HOME, ADJINC. 7601 Sandy Spring Rd. Laurel, Md. (VR A15 ME (5)) 20M 4/82



Bowie. Mc.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

Beal T Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

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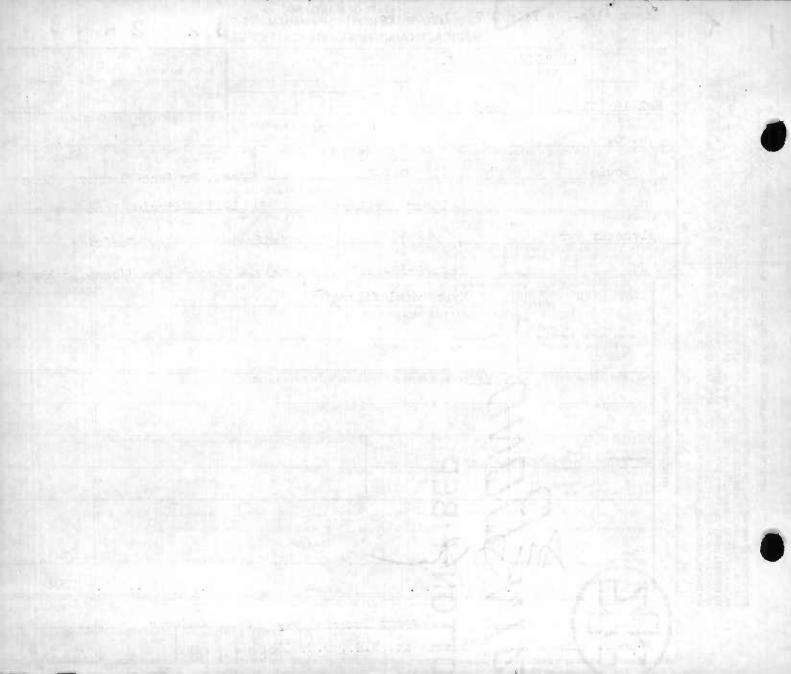
C-1005 1 m Oct, 16 1984 27 51 Vevy York Similar Committee on the Committee of the State of the St Haryl de Prince George Bowin 1 am 17630 St. Nicht Lung Samel Turnball Magazet 220 192-19-1294 Burb us A. Proney bo us mo is 18e

Gremation Oct 2 1960 Ft. Lingolm Cem. Breathor, M. Hullan Ibano Annunalis Rose Benil Funeral Home Bowne, No.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Mary 19 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR DATE DAY LAST BIRTHDAY PRONOUNCED Male Black 34 DEAD 7a BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Georgia USA Georges County WIDOWED DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Laurel Greater Laurel Beltsville Hosp unemployed ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 4509 Romlon St #103 Prince 13d. INSIDE CITY LIMITS? Geo. YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST O AND Marvin Turner SrAddie L. Arrington 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 577-64-6618 Janet B. Turner; 4509 Romlon St#10 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Respiratory Eailure BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF to Prolonged hx of Asthma Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? Ö YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PA 21d, INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN WHILE WHILE AT WORK COUNTY STATE Inspection X 22a. I certify that I took charge of the remain described above, held an Autopsy deoth resulted from: Notural couses Homicide L Undetermined monner TITLE (SPECIFY) TO FUNERAL I
AFTER DEATH,
BALTIMORE, M. DEATH, Greater Laurel Beltsville Hosp. Said A. Daee EXAMINER'S NAME TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 9-27-82 Harmony Memorial Park Landover. Marshall's Funeral Home Marshall's Funeral Home Washington, D.C. **DHMH-17** VR A15 ME (5)) 15M 7/77

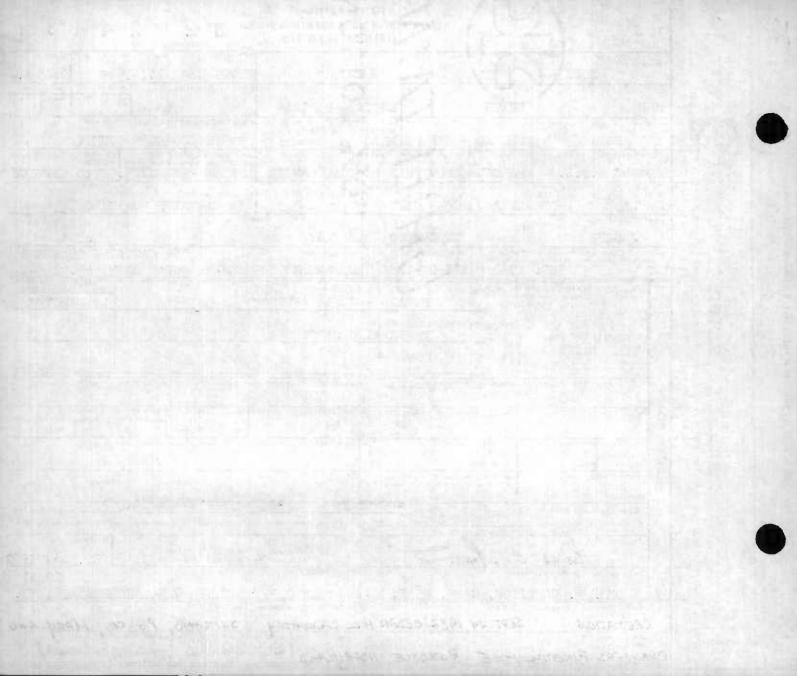
STATE OF MARYLAND

	- STATE REGISTRAR			DEPARTMENT OF				DEATH 4	REG.		4	4 8	3
	DECEASED NAA	CLARIC CLAIRE		J.	TYSON	YSON		OF	KNOWN ESTI- MATED		TH DAY	y YEAR 19 82	2b. HOUR
1	Female	A RACE Black	5. DATE OF BIRTH DAY March	YEAR 6. AGE (IN) LAST BIRTH 1. 1944 38	DAY) MONT	VDER 1 YR. IF	UNDER 24 I		INCED	MONT	H DA	y YEAR 1982	2d. HOUF 4:17
	BIRTHPLACE FOREIGN COUNTRY N. C.	STATE OR	76. CITIZEN OF WE		2	IED NEVER	R MARRIED DIVORCED		MORECIT	-		DEATH	
10.	CITY OR TOWN		11. NAME OF HOS	PITAL, NURSING HOACKITY, GIVE STREET ADDRESS	AE, OR OTH)N 120	FOR MOST OF WE	UPATION (DRKING LIFE)	(TYPE OF WO	12b. F	OR INDUST	
			OTHER INSTITUTION, GIV	13c. CITY OR TOWN	SION)	13d. INSIDE CITY L		ASST. P	RESS			r N	one
1	FATHER'S NAM Sylvest		MIDDLE	LUpper Ma	rlbor	15. MOTHER'S	S MAIDEN N		Fairy	lew	Lane	LAST	
		ED EVER IN U.S. ARM	AED FORCES?	579-56-1		17. INFORMAT	inifra Melvi		ADDRE	233	Efri		
NO	gove couse (i lying co	ons, if any, which rise to immediate a) stating the <u>under-use lost.</u>	(c)	AS A CONSEQUENCE		E OR CONDITION GI	YEN IN PART I	101.					
CERTIFICATION	196 DATE O	F OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION V	AS PERFORME	D?				20	AUTOPSY	NO □
		AL CAUSE WAS G OR ING CAUSE OF D		INJURY MONTH DAY YEA		OW INJURY O	CCURRED (ENTER NATURE OF	NJURY IN ITEM	18 PART 1 O	PART 2)		
MEDICAL	21d INJURY WHILE AT WORK			OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR T	OWN	12 U	COUNTY		STATE
		tify that I took charge ited from: Natura	ol couses 🗶	de	Autop uicide	Homicide TITLE (SPEC	cify) stant	Inquir	MINER	0.0	TE (9-8-8	2
230	BURIAL, CREM.	ATION, REMOVAL 23	9-13-82	123c. NAME OF CI		R CREMATORY		3d LOCATION CITY OR TOWN	dover		YINUO	S	TATE
24	FUNERAL DIRE			Harmony 12th St.,	N.E.,	D.C. 2	DATE REC	D. BY REGISTR	AR Ph. Ni	GISTRAR	S SIGN	AL Z	.4 .



RIESENAU

CHAMBERS FUNERAL



t other		CEASED NAME FIRST	AROL	A.	LAST V	IDOTTO	20. DATE OF DEATH	MONTH 9	29	YEAR 82	26. HOUR 1:51AM
	3. SE	Female	4 RACE White		5. DATE OF BI		6. AGE (IN YEARS LAST	T BIRTHDAY)	MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
11/9		RTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	NTY OF D		3151
61		YORK	U.S.A	F HOSPITAL, NURSIN	WIDOWED		PRINCE G				F BUSINESS O
194		CHEVERLY	(IF NOT IN SI	GEORGE GE	ADDRESS)		Housewif	ST OF WORKING	G LIFE) IN	Own H	
33	130. 9		AE OR OTHER INSTITUTIO OUNTY	13c. CITY OR TOW Beltsvil	13d YE	INSIDE CITY LIMITS?	13e. STREET ADDRES	33		e - 2 Road	
60		THER'S NAME FIRST	MIDDLE T.	Rowley		MOTHER'S MAIDEN NA	WIDDI			schee	1
medicol	3.	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? S, GIVE WAR OR DATES)	577-48-9		Frank M.					me as 13e.
remove carbang emation, or remo er traumatic eve		PART I. DEATH WAS CA MMEI Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO,	OR AS A CONSEQUE	PR, MAR	0	t Ca				
rior to burial, cremation, or remo ny injury, or ather traumatic ever	ATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (a), DUE TO, (b), DUE TO, (c), NT CONDITIONS	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E	ENCE OF ENCE OF DEATH BUT NO	Y BREAST	AIN AL DISEASE OR CO				
ows any in	TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (a), DUE TO, (b), DUE TO, (c), NT CONDITIONS	OR AS A CONSEQUE	ENCE OF ENCE OF DEATH BUT NO	Y BREAST	t Ca	20b. IF	YES, WE	RE FINDIN	IGS USED OF DEATH? NO
rem 18 shows any injury, ar ather traumatic eve	CAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, DUE TO, COLUMN T CONDITIONS OF THE PREATH HOUR A	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E	ENCE OF ENCE OF DEATH BUT NO OPERATION W	Y BREAST	AINAL DISEASE OR CO	20b. IF IN CER	YES, WE RTIFYING YES [RE FINDING CAUSES	IGS USED OF DEATH?
frem 18 shows any in	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAL 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, (b) DUE TO, (c) NT CONDITIONS (19b. CON 19b. CON 21b. TIME HOURT ANNER) 21e. PLAC	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO DE DITION FOR WHICH OF INJURY A.M. MONTH DA	ENCE OF ENCE OF DEATH BUT NO OPERATION W AY YEAR 19	RELATED TO THE TERM	AINAL DISEASE OR CO	20b. IF IN CER	YES, WE RTIFYING YES 18 PART I C	RE FINDING CAUSES	IGS USED OF DEATH?
ows any in		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAL 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OIL (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	DIATE CAUSE (a) DUE TO, (b) DUE TO, (c) NT CONDITIONS (1) 19b. CON 19b. CON 21b. TIME HOUR MINER) 21c. PLAC JAT HOME (2) cospital) attended	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO I DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT NO OPERATION W AY YEAR 19 211	RELATED TO THE TERM	AIN AL DISEASE OR CO	20b. IF IN CER	YES, WE RTIFYING YES	RE FIND IN G CAUSES OR PART 2)	IGS USED OF DEATH? NO STATE
tached for use as the burial-transit permit. I e Dept of Health and Mental Hygiene prior I if frem 21 is marked or frem 18 shows any in		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAL 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OI (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK A WORK A	DIATE CAUSE (a) DUE TO, (b) DUE TO, (c) NT CONDITIONS 19b. CON G	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO I DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	ENCE OF DEATH BUT NO OPERATION W AY YEAR 19 PARM ETC) DEG MD	AS PERFORMED T. HOW INJURY OCCUR LOCATION STREET at in (my) (aur) apinion REE ATTENDING PHYSICIAN [AIN AL DISEASE OR CO	20b. IF IN CER IN TOWN	YES, WE RTIFYING YES 18 PART I C	RE FINDING CAUSES OR PART 2) COUNTY F2., I from the	IGS USED OF DEATH? NO STATE that (I) (we) la causes stated
tental Hygiene prior if them, 18 shows any in		Conditions, if any, which gave rise to immediate underlying cause last PART 2. OTHER SIGNIFICATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF CAUSE OF CAUSE	DIATE CAUSE (a) DUE TO, (b) DUE TO, (c) NT CONDITIONS 19b. CON G	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO I DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F the deceased from 2 dy after death.	ENCE OF DEATH BUT NO OPERATION W AY YEAR 19 PARM ETC) DEG MD	AS PERFORMED THOW INJURY OCCUR TO THE TERM TO THE TERM	AIN AL DISEASE OR CO	20b. IF IN CER IN TOWN	YES, WE RTIFYING YES 18 PART I C	RE FINDING CAUSES OR PART 2) COUNTY F2., I from the	IGS USED OF DEATH? NO

STATE OF MARYLAND

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School Address Same as	nth	lowler	.7	\limber 1 fred
Vidotic - Mahand No 15c.	. dagg .us	10-0-21-75		0 3

P. deschis Sons P.P. P.A. Myotisville, larvland

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REGISTRAR		CLICTI	TORTE OF PEATE	REG. N	10.			
	PE OR PRINT) W11	Liam (NMN)	Waldow	EAST	20. DATE OF DEATH		8 82	26 HOUR	
3. S	Male	4 RACE White	5. DATE 6	OF BIRTH	6 AGE IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS. HOURS MIN.	
	BIRTHPLACE I STATE OR FOREIGN	U.S.A.	MARRIE WIDOW		9 BALTIMORE CITY O	OR COUNTY	OF DEATH	MI	
3 R	iverdale, MD	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIT Leland Memo	rial	Hospital	Meat occupat		12b. KIND C	S Co.	
5 13 ₀	STATE 113h C	or other institution give resident ounty lace Geo. Blade		13d. INSIDE CITY LIMITS?	13e 5999 Emer	rson St	reet #	² 507	
C 14.	FATHER'S NAME FIRST Herman	L. Waldow	AST V	15. MOTHER'S MAIDEN N	F. MIDDLE	Tae	t5old	51	
160	WAS DECEASED EVER IN U.S.		1 SECURITY NO. 05 0545	Betty A. Sa	210504 Inders Santa			d Lane rnia	
	18 CAUSE OF DEATH Ente	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DE ATH WAS CAUSED BY. IMMEDIATE CAUSE (a). Carliae standatill (arrest)							
	PART I. DEATH WAS CA	minutes							
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TION	Hypertenion c	hrome browlitio	Chenna	tool and degener	etiri arthritis				
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	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	JRY IN ITEM IB PAI	RT 1 OR PART 2)						
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1	224 PHYSICIAN'S NAME IT	VPF OF PINTI		22e ADDRESS					

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT

"Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

23b. DATE 9/21/82

Byrl D. Johnson, M.D.

23a. BURIAL, CREMATION, REMOVAL

Burial

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

4404 Queensbury Rd. Riverdale, Md.

Brentwood P.G. Maryland

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D.		1				STATE	OF MARYLAND					
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M 1/81 4)	24 FU	NAME MOD	ERN FT	INERAI	, HOME	821 14		SEP 2	7 1982	25b. RE 9/S	TRAR'S	SIGNAT	Carrief

STATE OF MARYLAND

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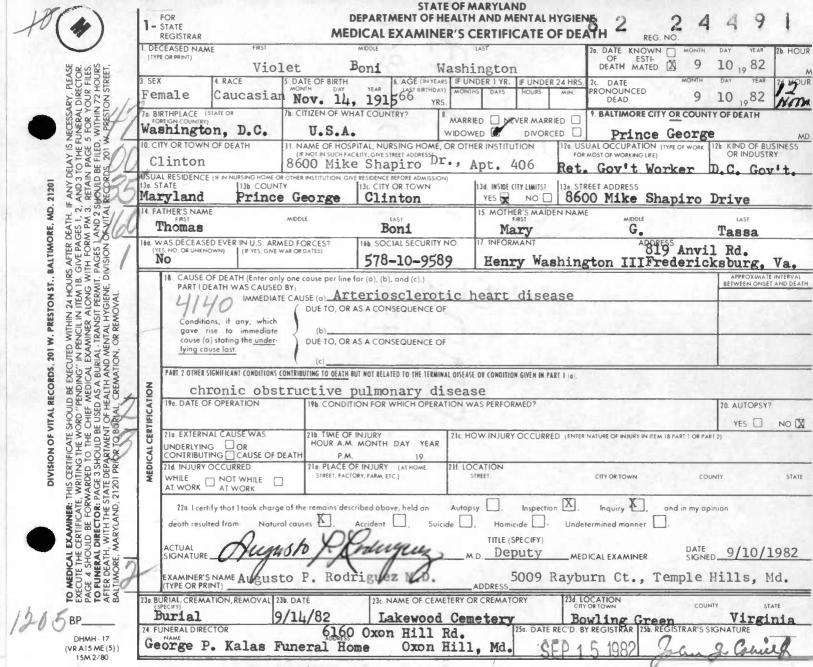
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14	FATHER'S NAME	3	MIDDLE	хсббам			Ances	H.		thwic	
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1	EXAMINER'S N.					ADDRESS)				
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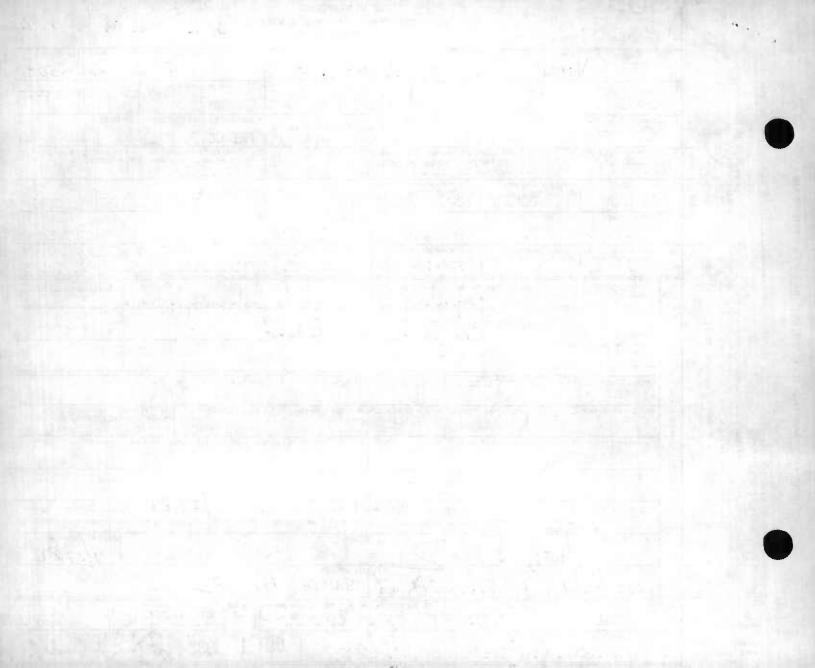
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	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 2	2 4	4 9 2
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irs after d	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		R OTHER INSTITUTION	12 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIT	ON 12b. KIND F WORKING LIFE) INDUSTR	O OF BUSINESS OR
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e be execun and cor	160 V	VAS DECEASED EVER IN U.S. ARI (ES, NO ORUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 579-14		DONALD E. W	ADDRI VATKINS SILU	SS1607 NEELS VER SPRING, N	ROAD
iquires that the death cert igned by the attending ph n please remove carbon pa burial, cremation, or rem injury, or other traumatio		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	IVE K	eart failure	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
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NG PHYSICIAN: nding physician. Iter this certificate te burial-transit pe and Mental Hygier and Mental Hygier inked or Item 18 si		? a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LICITO A AA AACONITHE	DAY YEAR	216 HOW INJURY OCCURE	YES NO	YES THE RY IN ITEM 18, PART 1 OR PART 2	NO []
DING PH ittending p After this s the buria th and Me marked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	NN COUNTY	STATE
TOR: Use a Heal		22a.1 certify that (1) (this hasping saw the deceased alive an abave, (1) (we) (d) (d)	tal) attended the deceased from 19 1) view the bady after death.	1 1	d that in (my) (see) apinion (to <u>G</u> 2) death accurred on the d	ote and hour and from t	_, that (I) (知识) las he causes stated
TAL SA AT the hospital AAL DIREC detached for rate Dept. of NT: If Item		226 SIGNATURE Mut	& Settor	> '		MEDICAL STA	EE .	127/82
TO HOSPITAL retained by the TO FUNERAL should be detac with the State [8323 Haddan	Dr. Takama 7		SMITH SH	7		
BP	(BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	9/29/82		WN CEMETERY	23d LOCATION CITY OF TOWN ROCKVILL	E KÖNT	MARYL
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR FRANCE	CIS J. COLLINS _{ss} V.,SILVER SPRING	G,MD. 2	0901	T 1 - 1982	25h. PERISTRAR'S SIGN	Coming

STATE OF MARYLAND



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	DEPARTMENT OF	HEALTH AND MENTAL		4495
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E		15. MOTHER'S MA	IDEN NAME	LAST
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D EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURIT	Y NO. 17 INFORMANT	ADDRESS	
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		STREET	CITY OR TOWN	COUNTY STATE
ify that I took charge of the remains	described abave, held an	Autopsy . Inspec	tion X, Inquiry X, and	in my opinion
ted fram: Natural causes X,	Accident, Sc	ricide , Homicide	Undetermined manner .	
-1. V	\mathcal{M}	TITLE (SPECIFY)		
Mugusor J.	Julugue	M.D. Deputy	MEDICAL EXAMINER	DATE SIGNED 9/6/1982
NAME Vigueto D. D.	40	5000	Darrhum Ct Tam	mla Uilla Ma
INI)		ADDRESS		pre milis, Ma.
				COUNTY STATE
1 9-9-82	Trinity	Memorial G	dns Waldorf, Ch	narles, Md.
ADD	RESS	20601 P. DAT	ED 1 4 198	KAKASI CALLIER
runeral Home,	waldorf, M	aryland St	LI 1 100- 4	
	Grace 4. RACE 4. RACE 5. DATE OF BIR MONTH 11. 14 STATE OR 10. CITIZEN OF COULTY COULT	DEPARTMENT OF MEDICAL EXAMINATE Grace Grac	MEDICAL EXAMINER'S CERTIFICATE Grace Elaine Weeks I. RACE S. DATE OF BIRTH MONTH MONT	DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. SE 19831 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MACRIT DEATH AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH MOORING DATE OF BIRTH MOORING DATE OF WHAT COUNTRY? MOORING DATE OF WHAT COUNTRY? MOORING DATE OF HOSPITAL NUSSING HOME, OR OTHER INSTITUTION MOORING DATE OF HOSPITAL NUSSING HOME, OR OTHER INSTITUTION MOORING DATE OF HOSPITAL NUSSING HOME, OR OTHER INSTITUTION MOORING DATE OF HOSPITAL NUSSING HOME, OR OTHER INSTITUTION MOORING DATE OF MACROCALS? MOORING DATE OF MACROCALS? MOORING DATE OF MACROCALS? MOORING DATE OF MACROCALS? MOORING MACROCALS? MOORING DATE OF MACROCALS? MOORING MACROCALS? M

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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	1.	FOR • STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 2	2 4 4	98
		CEASED NAME FIRST	ella P Werk	meister	September 24		3:40P
(A)	1.5E	Female	4 RACE White	5. DATE OF BIRTH OCT 6, 1.905	6 AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS HOURS MIN.
	75. B	RTHPLACE (STATE OR FOREIGN PONTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED NOT	- Prince Georg	OUNTY OF DEATH	MD
4	I	aurel)1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A) Greater Laurel Bo	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO housewife		F BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURS OME COU STATE COU Md Howa	NTY 13L CITY OR TOWN	YES NO X	10150 Highr	idge Road	
30		THER'S NAME FIRST Francis	MIDDLE Gorman LAST	15 MOTHER'S MAIDEN N	MIDDLE JO	hnson	
2		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, G	RMED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 081. 1.2 58		ADDRESS ngford same as	above	
	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI	ulmorouy em caremornatos	bolsin is, colon AMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110	
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED		Db. IF YES, WERE FINDIN CERTIFYING CAUSES YES [7]	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE ITE EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	0 (1)0	a KARAL	IRRED (ENTER NATURE OF INJURY IN		
•	WEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE FAI		CITY OR TOWN	COUNTY	STATE
2 l 15 m		sow the deceased alive or	ital) attended the deceased from	, ond that in (my) (our) apinio	n death occurred on the date of		hat (I) (we) lost couses stated
		22b. SIGNATURE	Eabon	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	THE DATE	129/17
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BP. DHMH - 16 50M 1/81 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL (SPECIO Temation

24 FUNERAL DIRECTOR NAMEDonaldson Funeral Home, Daurel, Md

Sept 25,1982

23b DATE

23c NAME OF CEMETERY OR CREMATORY Vestview Memorial Park 23d LOCATION
CITY OR TOWN
Catonsville 25a DATE REC'D. BY REGISTRAR 25b. RECT

STATE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DECEASED NAME KNOWN XX (TYPE OR PRINT) ESTI-DEATH MATED MARY WHEATON 4 RACE DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) 9-27-82. PRONOUNCED 7:25P 2 9 42 Female Cauc. 40 DEAD IN RIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Prince George's County Virginia TISA DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS) Bookkeeping Southern Maryland Hospital Accounting Clinton 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 Pr. Geo. Oxon Hill 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1011 Stratwood Ave. NO [] AND 2 14 FATHER'S NAME TS. MOTHER'S MAIDEN NAME DEATH. GES 1, 2 M PM 3 MIDDLE MIDDLE Edgar LAST Mulholland Brown Marion 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT TAB SOCIAL SECURITY NO ADDRESS CATE, WRITING THE WORD." TENUING. IN TENUE, WITH FOR FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TOR: SACE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IYES, NO. OR UNKNOWNS 224-54-4471 David Wheaton, Sr. same as item 13 none CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 17 MA.M. 19 127 DAY 2 Y UNDERLYING XX OR driver of auto/auto collision CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARKJAND, 21201 P STREET, FACTORY, FARM, ETC.) Rt. 5 and Surratts Rd. Town Clintoff, Maryland STATE WHILE AT WORK Autopsy X 22a. I certify that I took charge of the remains described above, held an ond in my opinion SHOULD BE death resulted from Undetermined manner TITLE (SPECIFY) DATE 9-28-82 DAssistant EXAMINER'S NAME 111 Penn Street Dixon 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 13h DATE STATE 10/1/82 Burial Mt. Comfort Cemetery Alex. Va. BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. A15 ME (5) 20M 4/B2

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE L DECEASED NAME 2a DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) ALICE WIGHINGTON 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 1 SEX AGE (IN YEARS LAST BIRTHDAY) 13, 1909 White Jan. Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Va. WIDOWED DIVORCED [Pr. Geo. IA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker Adelphi Manor Care Adelphi USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 1136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 5302 - Taylor Rd. Pr. Geo Riverdale YES TO NO T Md 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE John Miller Mary E. Carter ADDMOONS-Nicholson St. MAS DECEASED EVER IN U.S. ARMED FORCES? 578-01-8650D 17 INFORMANT (IF YES, GIVE WAR OR DATES) Mary E. Marshall Riverdale. Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY accident (Sie bo vascul -< 214313 CJ IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 141 X 8295 Carpy of Tild MIR Conditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ORGANIC SYNDRUME 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 214 INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK ?0 220 I certify that (1) This hospital) attended the deceased from saw the deceased alive on above, (1)(we) (did (did not) view the bady after death and that if (my) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS 500 GREEN 230 BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE CITY OR TOWN (SPECIFY) Pr. Geo. Md. 9-23-82 Ft. Lincoln Cem. Brentwood Burial 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURES DHMH-16 25M Mt. Rainier, Md. (VRA 15, 4) 1/79 Nalley's F.H. Inc.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 7b. HOUR (TYPE OR PRINT) LILLIAN WINDSOR Regina 9 9 82 7:23a N 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR AONIHS DAYS HOURS 1923 24. Female Caucasian Jan. BIRTHPLACE ESTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. Prince Georges County DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE! Homemaker Clinton. Southern Maryland Hospital Housewife TIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOTE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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137 TINCE GEO. OPEN MARI 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 17122 Nottingham Road DETO NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRS1 Boswell Virginia 70 William Frank Richardson Martha 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! No 218-76-6330 Preston F. Windsor, Same as # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Mas IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 9n DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION ŏ 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion death occurred on the date and haur and Iram the causes stated saw the deceased alive on. above, (1) (we) (did) (did not) view the body offer death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deta with the Stote IMPORTANT: I 224. PHYSICIAN'S NAME (TYPHOR PRINT) 22e ADDRESS Belower Rd # 460 Hy attrible MB 20782 23 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION, REMOVAL Clinton. Pr. Geo. Md. Burial 9-11-82 Resurrection Cem. 250. DATE-REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4)

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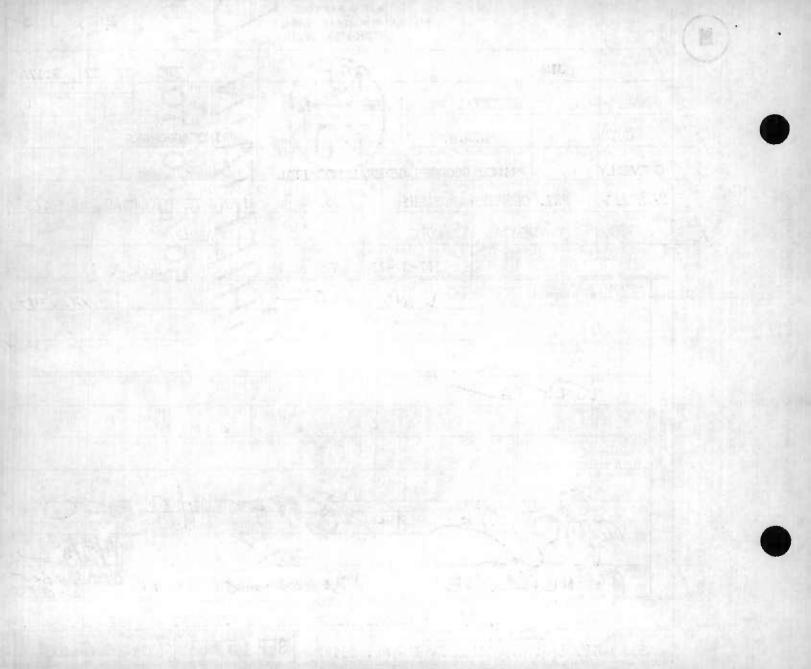
Items #18a-22a Film G573 11/24/82 STATE OF MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN DEATH MATED 9 Norma Alice Windsor 171982 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White 1982 Female Jan 27 1955 27 DEAD P . M 7g. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) Arkansas USA □ | Prince George's County DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Suitland 4820 Homer Avenue Bartender - Restaurant SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS Md Suitland 4820 Homer Avenue NO D 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Tillman Ben Gladys Cates 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 6006 Parkland Ct., Dist. Hgts, Md 16h SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) Robert W. Windsor, Husband 62-48-6425 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Imipramine Intoxication DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES XX NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 19 82 CONTRIBUTING CAUSE OF DEATH Subject ingested drug 21f LOCATION 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 4820 Homer Ave. Home Suitland Co. FUNERAL DIRECTOR: P.
FER DEATH, WITH THE ST. Autapsy 22a. I certify that I took charge of the remains described above, held an and in my apinian Undetermined manner death resulted from Hamicide TITLE (SPECIFY) ACTUAL SIGNATURE Assistant DATE 9-18-82 PAGE 4
TO FUNE
AFTER DE III Penn Street EXAMINER'S NAME Dennis F. Smyth. M.D. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial Washington National 22.Sept82 Suitland Md PG 256 REGISTRAR'S SIGNALLIRE E. Wilhelm Funeral Home **DHMH - 17** Suitland, Md. (VR A15 ME (5)) 20M 4/82

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o u	(YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	Mr Rober	rt Wingfield	d-husband-88 ndover, Mary	106
-	NO	578 48 08	310 Sterling	Street, La	ndover, Mary	
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	Conditions, if any, which	Doe 10, on as a consciouence of	- / /-	100,11		
	gave rise to immediate cause (a) stating the under-	(b) 2 mm 70	ad voince	9 9010610	stor.	
	lying cause last.	DUE TO, OR AS A CONSEQUENCE OF		0	-4	
	PART 2 OTHER CICNISICANT CONDITIONS	(c)CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL				
z		CONTRACTING TO GEATH BUT NOT RELATED TO THE TERMINAL	L DISEASE OR CONDITION GIVEN IN PART	1 (a).		
ATIO	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ION WAS DEPENDMENS		20. AUTOPSY?	
FIC		The second secon				
CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	FINTER NATINGS OF INDICOVING MEN S		NO []
		HOUR A.M. MONTH DAY YEAR	ETT. 11044 INJUNI OCCURRED	TEMER HATORE OF INJURY IN ITEM 1	OTAKI LUKTAKI ZJ	
MEDICAL	CONTRIBUTING CAUSE OF D		21f LOCATION			
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK					
	220. I certify that I taak charg	e af the remains described abave, held an	Autapsy , Inspection	, Inquiry, o	and in my apinian	
	death resulted fram: Natur	al causes W , Accident , Suicid	e . Hamicide .	Undetermined manner	,	
	NAME OF THE OWNER.		TITLE (SPECIFY)			
	SIGNATURE SAID	A. DAES MO	MoDers Is	MEDICAL EXAMINER	DATE SIGNED 9 12 -	-17
				_MCDICAL EXAMINER	SIGNED	
	EXAMINER'S NAME		ADDRESS	Party and the		
Du	BURIAL CREMATION HEMOTAL 2	IN DATE IN TAME OF CEMET	TERY OR CREMATORY	23d. LOCATION		
	Burial (" . /4 de ann a			tery-Bladenb	oro
74.	FUNERAL DIRECTOR	1. Alexant-	1250 DATE RE	C'D-BY AGGISTRAR ISB. AEC	- NC	
S	tewart Funera	1 Home-4001 Bennin	g Road Not	30 1905 Jan	- Ou country	

nero ned sinetych areas (air-ar est. 14,18 (-Contact stiet thurst Cogeto v- la en oro, to are ineral one- on enaine Ros ,11.3.

/ 101		REGISTRAR			-	THE OF DE		REG. NO	O.			
poge 3		OR BRUE TO	JIN	WIDDLE		WONG			MONTH	DAY		2b. HOUR
	3. SE		4 RACE			OF BIRTH		6 AGE (IN YEARS LAST BIR	09	07	82	8:17A
rs offe		MALE	ORIEN	ITAL 4	Fi	B DAY	893	89	YRS	MONTHS	DAYS	HOURS MIN
gr	7a B	CHINA		OF WHAT COU	NTRY? 8 MARE	IED NEVER MA	ARRIED 🗆	BALTIMORE CITY O	R COUNT		ATH	
4		ITY OR TOWN OF DEATH		I.S.A.	WIDO	OR OTHER INSTIT	ORCED [PRINCE G			KIND OF	ME BUSINESS OR
1/9	ÇI	TEVERLY	PRINCE	SUCH FACILITY, GIVE	ES GENE	RAL HOSPI		LAUNDRY	WORKING I	IFEL IND	DUSTRY	B03114E33 OK
36	130	AL RESIDENCE (IF NURSING STATE RYLAND P	COUNTY RI. GEORGE	S ADEL	e before admissio R IOWN PHI	134 INSIDE CIT	Y LIMITS?	130 STREET ADDRESS 10514 TRUX	TON :	ROAD)	20783
Phol		DOON	HENG		NG		MAIDEN NAM	E UNKNOWN			LAST	
medica	16a \	WAS DECEASED EVER IN YES NOOR UNKNOWN)	U.S. ARMED FORCES IF YES, GIVE WAR OR DATES)	,	17-32-13	66 TOY		SON		E AS	13	
ent, the		18 CAUSE OF DEATH	Enter only one couse p	per line for (a),	(b), and ich	CARER				В		ATE INTERVAL
or rem		11.39 1	MEDIATE CAUSE (a)	00.15.1.5011	0,10	Chi Ca			-		_/n	ON TIT
ave co		Conditions, if any, w	hich (b).	OR AS A CON	SEQUENCE OF							
cremo		gove rise to immed couse (a), stating underlying couse		OR AS A CON	SEOUENCE OF	4.0						A C
y, ar o		PART 2 OTHER SIGNHE	(c) (c)	CONTRIBUTIN	G TO DEATH B	IT NOT RELATED T	O THE TERMIN	NAL DISEASE OR CON	OITION GI	VEN IN F	PART 10	
in in in	NOI	LUN	6 LA									KURN
ows and	CERTIFICATION	IN DATE OF OPERATIO	N 196 CON	NDITION FOR V	VHICH OPERAT	ON WAS PERFOR	WED	YES SO NO	IN CERT		E FINDING CAUSES C	OF DEATH?
18 A		THE ACCIDENT WAS UNDERLINED TO CAU	SE OF DEATH HOUR	A.M. MONT			URY OCCURRE	D (Enternature or more	to the Office 18.	PART LOR	Pakt 21	
ar He	MEDICAL	214 INJURY OCCURRED	21e. PLAC	P.M. E OF INJURY	35	2H LOCATION	N	cirvolitip			unit	state
orked	2	NAME OF POLICE		STREET AVCIOUS C	SPECE, TARM, ESC.)	0	D	-01	0	-		
E SI		77s.1 certify the (1) 06	n hospital attended	he deceased	10 FZ	mul that I imy	19 J	to to to the do	n lad bo	100	7	at (1) Jor had
Item 2	-7	1724 SIGNALLERY	did not view the ba	effer ded	10	DEGREE	1000	/	ne gina no	26	ATE S	CARD
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MPORTAN	20.19	P SCH	ISSTER	MA		7500	GREEN	vivay con	or.	36	ROEL	NEELT
3 &		BURIAL, CREMATION, REA		12/82		CEMETERY OR CR		23d LOCATION CITY OF TOWN ADELPHI		PRT	GEO.	STATE MD.
A 1/81	24. FI		RANCIS J.		S	100		REC'D. BY REGISTRAR	25 PEGIS			
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STATE OF MARYLAND



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0		
	1. DECEASED NAME FIRST	WIDDLE	ŧ	AS1			MONTH	DAY YEAR	26. HOUR
	TERREI	LL WILLIAM	W	ORK		SEPTEMBER	9, 19	82	5:20a M
	3. SEX	4 RACE	5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
	MALE	WHITE	APRI	299	1943	39	YRS.	MONTHS DAYS	HOURS MIN.
1		76 CITIZEN OF WHAT COUNTRY?	8	NEVER	DDIES 🗍	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
	COLORADO	UNITED STATES	WIDOWE		VORCED [PRINCE GEO	RGE'S	COUNTY	MD
7	ANDREWS AFB	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A MALCOLM GROW USA)	DDRESS)			120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O NAVIGATOR			OF BUSINESS OR
5	USUAL RESIDENCE IF NURSING HOMEORG 130. STATE 136 COUN VIRGINIA FAIR	ITY I3c CITY OR TOWN	V	13d INSIDE C	NO [130 STREET ADDRESS 9120 GOLDE	N BAL	L TAVER	N_COURT
Ü	I FATHER'S NAME	MIDDLE LAST		15 MOTHER	S MAIDEN NA	ME		146	· v
2	T The St St St A A A	NGEL WORK		THE	LMA	LORRAIN	E	CHRIST	ENSEN
2	YES Acti	ve Duty463-72-49	76		IA J. W				ERN COUR
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED (c)	NCE OF				A	10 mo	
		CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR CON	DITION GI	VEN IN PART I	0,
-	196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH (OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? YES NO	IN CERTI	S, WERE FINDING CAUSES	
	00 000000000000000000000000000000000000	in .	Y YEAR	21c HOW IN	IJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	OK CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY LAT HOME, STREET, FACTORY OFFICE, FA		211 LOCATION STREET		CITY OR TO		COUNTY	STATE
	above (1) system (did not	sep 8	JANI 2		_, 19 <u>.82</u> (our) opinion o	to 9 SEP	ote and ho	19 <u>82</u> , ur and from the	that (I) (we) lost couses stated
	226 SIGNATURE	Alavel1	70		ATTENDING PHYSICIAN	MEDICAL STA		SEP	9, 1982

TO FUNERAL DIRECTOR:

IMPORTANT: If them 21 is

DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236 DATE Sept/13/82

MARJORIE

23c NAME OF CEMETERY OR CREMATORY USAF Academy Cemetery

22e ADDRESS

MALCOLM GROW USAF MED CEN AAFB, MD 20331

23d LOCATION
CITY OR TOWN
COLOrado Springs, Colorado

24 FUNERAL DIRECTOR Chambers Funeral Home Riverdale, Maryland

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BY REGISTRAR SEP

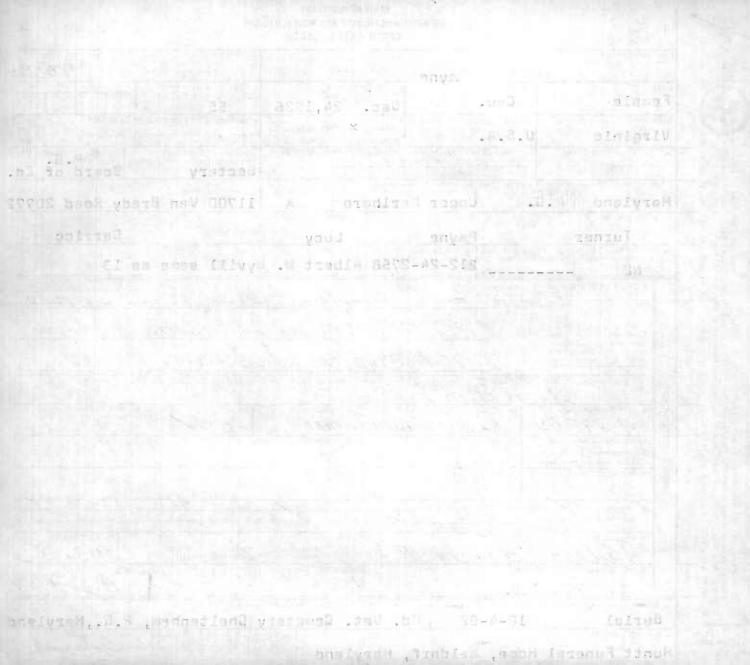
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Tom resigner 9-2-52 CHARLES Sieren, Mar. Mars. Collaceur, Center me. Pa Hilwest Kings. 3304 Curtis Arive. MARKET PROPERTY. 111-0-2-0-111 SBD 938

Huntt Funeral Home, Waldorf, Maryland

(VRA 15, 4)

STATE OF MARYLAND



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	1.	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 4 5 1 CERTIFICATE OF DEATH								
		CEASED NAME FIRST	OUISE	MIDDLE C.		ZEVELY	20. DATE OF	REG. NO. DEATH MONTH 09-05	DAY YEAR	2b HOUR 7:12
irs offi		Female	4 RACE White		June		6 AGE (IN YE	ARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR	
Son 72 hou	N	IRTHPLACE (STATE OR FOREIGN	U.S.A		WIDOWE		PRIN	ICE GEORGE		
Filed with	1	TY OR TOWN OF DEATH	DD TAKE	CHEODOE IC	ADDRESS]	ROTHER INSTITUTION RALHOSPITAL		CUPATION Ty Line		Co.
ad plant be	M		AE OR OTHER INSTITUTION OUNTY GO.	College	Park	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌		Swathmore	Drive	
ond 2 s	-	James	F DDLE	Mack		Li da FIRST	AME	MIDDIE		hall
. Poges	16a \	WAS DECEASED EVER IN U.S. YEND OR UNKNOWN) (IF YE	ARMED FORCES? S. GIVE WAR OR DATES)	166. SOCIAL SECU 578 34 0		Mrs. Barbara	Mantz	Cambrill		
eme		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, C	OR AS A CONSEQUE	NCE OF	ART FAILURE,	ILIZ US			
ne processe rem ne processe to burnol, cremo ne, njury, ar other t	IFICATION	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, C	OR AS A CONSEQUE MYOCARD I	ENCE OF AL INF	FARCTION POST	ERO INFE	OR CONDITION GIVEN THE SYSTEM CERTIF	EN IN PART 10 S. WERE FINDE VING CAUSES	NGS USED OF DEATH?
is the busing straints permit. Then please remained Membrish sygneme prior to busins, cremained or term 18 strains any injury, or other t	MEDICAL CERTIFICATION	gove rise to immediate couse (o), storing the underlying couse lost PART 2. OTHER SIGNIFICAL THE DATE OF OPERATION THE SIGNIFICAL THE SIGN	DUE TO, C (c) NT CONDITIONS C 19h COND 19h	OR AS A CONSEQUE MYOCARD I./ ONTRIBUTING TO E	OPERATION AY YEAR	FARCTION POST	EROINFE	OR CONDITION GIVEN	VEN IN PART 10 S. WERE FINDE THING CAUSES S	NGS USED
inglid be detected for use of the burishmant permit. Then please remining the State Dept. of Health and Mental Hygene prior to burio), crem. #PORTANT: If them 21 is marked of them 18 states any njury, or other t	14	gove rise to immediate couse (o), storing the underlying couse lost part 2. OTHER SIGNIFICAL THE DATE OF OPERATION. The ACCIDENT WAS USED THE CONTRIBUTE OF	DUE TO, CO. Ic) NT CONDITIONS C. 19k COND	OR AS A CONSEQUE MYOCARD I. ONTRIBUTING TO D IITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REAL FACTOR OFFICE, I. IN GOOGRAMM TOWN IN GOOGRAMM	OPERATION AY YEAR	FARCTION POST NOT RELATED TO THE TERM WAS PERFORMED THE HOW INJURY OCCUR THE LOCATION SHEET 19.32	ERO INFE WALLED TO THE	OR CONDITION GIVEN PSYTT THE CERTIFIC OF TOWN TO THE CONTINUE OF WILLIAM TO THE CONTINUE OF TH	S. WERE FINDER THING CAUSES S	NGS USED OF DEATH? NO

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